



3 1761 08638720 6

RK
1
C.36
1964

TRANSACTIONS

OF THE CANADIAN DENTAL ASSOCIATION



ANNUAL MEETING
BOARD OF GOVERNORS
MACDONALD HOTEL, EDMONTON
JUNE 24-27, 1964

**TRANSACTIONS
OF THE
CANADIAN DENTAL
ASSOCIATION**



**ANNUAL MEETING
BOARD OF GOVERNORS
MACDONALD HOTEL, EDMONTON
JUNE 24-27, 1964**

TK

1

C36

1964



960070

	Page
Aging, senate committee	16, 77
American Dental Association, joint meeting	135
Annual association meeting	196
Annual meetings	71, 80
Auxiliary services	1, 51, 52, 78
Board of Governors	134
Budget	192
Canadian Dental Research Foundation	157, 165
Canadian Education Week	79
Canadian Fund for Dental Education	76, 102, 182
Carbohydrates and caries	156, 158
Carbonated beverages	80, 98, 155
Cytological smear technique	64, 76, 155
Dental prepayment plans	15, 17
Dentistry for Children	7, 45, 58, 83, 172
Emergency health services	80, 95
Endodontics	172, 181
Federation Dentaire Internationale	76, 91
Fees	14, 19, 78, 142, 145
Fellowships and studentships	157, 163
Fluoride	138, 151, 156, 159, 166
Financial statement	183
History of dentistry	73
Honorary membership	71, 142, 199
Hospital accreditation	77, 106
Income tax	78
Insurance plans	73, 84
Legislation	77, 92, 118
National Cancer Institute of Canada	53, 64, 76, 81
Paedodontics	58, 83, 172

INDEX

	Page
President	
address to association meeting	197
honorarium or remuneration	77
installation of new president	204
presentation to retiring president	206
report to Board	134
Recruitment	50, 54, 141
Reports	
auxiliary services	1
constitution and by-laws	7
convention	8
dental services	13
dentistry for children	45
economic research	47
editor	111
editor, French section	113
education	49
ethics	68
executive	70
fund for dental education	102
headquarters property	105
hospital services	106
journalism	110
legislation	118
library	122
necrology	123
nominations	126
oral surgery	129
orthodontics	131
periodontics	133
president	134
public health	149
public information	154
research	155

	Page
resolutions, special	168
resolutions submitted	170
secretary	174
specialists and specialization	180
treasurer	182
war memorial awards	195
Reserve fund	73, 83
Resolutions and motions adopted	
relative value fee schedule	43
reference list of dental services	43
aptitude testing	67
official representatives to annual meeting	99
hospital services committees	109
expanding <i>Journal</i>	116
integrated <i>Journal</i>	116
medical services plans	120
public health survey	152
government-employed dentists	152
national dental health grant	153, 171
smoking and health	153
fluoridation	166
special resolutions	168
submitted resolutions	170
Royal College of Dentists	73, 180
Royal Commission on Health Services	81, 99
Science fairs	81
Secretary	76, 135, 142, 144, 174, 201
Smoking and health	153
Studentships and fellowships	157, 163



Digitized by the Internet Archive
in 2025 with funding from
University of Toronto

<https://archive.org/details/31761086387206>

OFFICIALS

1963-1964

(For 1964-65 officials see Nominations Report)

OFFICERS

<i>President</i>	J. ZIMMERMAN, Calgary
<i>President-elect</i>	R. LANGLOIS, Quebec
<i>Immediate Past President</i>	M. V. J. KEENAN, Sudbury
<i>Secretary</i>	D. W. GULLETT, Toronto
<i>Treasurer</i>	G. M. DEWIS, Halifax

EXECUTIVE COUNCIL

J. ZIMMERMAN, M. V. J. KEENAN, R. LANGLOIS, P. S. CHRISTIE		
J. P. COUPLAND	W. J. RILEY	W. P. MUNSIE

BOARD OF GOVERNORS

J. ZIMMERMAN	810 Greyhound Bldg., Calgary, Alta.
M. V. J. KEENAN	7 Cedar St., Sudbury, Ont.
W. P. MUNSIE	1401 Medical-Dental Bldg., Vancouver 1, B.C.
H. R. MACLEAN	Faculty of Dentistry, University of Alberta, Edmonton, Alta.
R. O. BRETT	250 Medical Dental Bldg., Regina, Sask.
W. J. RILEY	505 Medical Arts Bldg., Winnipeg 1, Man.
J. P. COUPLAND	225 Metcalfe St., Ottawa 4, Ont.
E. T. GUEST	Dental Division, Ont. Dept. of Health, 67 College St., Toronto 2, Ont.
W. G. BRUCE	Kincardine, Ont.
A. H. LECKIE	606 Medical Arts Bldg., Hamilton, Ont.
O. J. YULE	74 St. Clair Ave. W., Toronto, Ont.
J. M. CHAMARD	1509 Sherbrooke St. W., Montreal, Que.
R. LANGLOIS	401 Grande Allee E., Quebec, Que.
J. P. LACHAPPELLE	5840 Hochelaga St., Montreal, Que.
J. F. EDGECOMBE	42 Coburg St., Saint John, N.B.
P. S. CHRISTIE	5690 Spring Garden Rd., Halifax, N.S.
A. L. MACISAAC	111 Kent St., Charlottetown, P.E.I.
B. L. BOWDEN	203 Le Marchant Rd., St. John's, Nfld.
K. M. BAIRD	Director General of Dental Services for the Can. Forces, Army Headquarters, Ottawa, Ont.

ATTENDANCE AT BOARD OF GOVERNORS' MEETING

	1st Ses. June 24 9.30 a.m.	2nd Ses. June 25 2.00 p.m.	3rd Ses. June 26 9.00 a.m.	4th Ses. June 26 2.00 p.m.	5th Ses. June 27 9.00 a.m.	6th Ses. June 27 2.00 p.m.
<i>Board of Governors</i>						
Baird, K. M.	✓	✓	✓	✓	✓	✓
*Bernier, L.	✓	✓	✓	✓	✓	✓
Bowden, B. L.	✓	✓	✓	✓	✓	✓
Brett, R. O.	✓	✓	✓	✓	✓	✓
Bruce, W. G.	✓	✓	✓	✓	✓	✓
Chamard, J. M.	✓	✓	✓	✓	✓	✓
Christie, P. S.	✓	✓	✓	✓	✓	✓
Coupland, J. P.	✓	✓	✓	✓	✓	✓
Edgcombe, J. F.	✓	✓	✓	✓	✓	✓
Guest, E. T.	✓	✓	✓	✓	✓	✓
Langlois, R.	✓	✓	✓	✓	✓	✓
Leckie, A. H.	✓	✓	✓	✓	✓	✓
MacIsaac, A. L.	✓	✓	✓	✓	✓	✓
MacLean, H. R.	✓	✓	✓	✓	✓	✓
Munsie, W. P.	✓	✓	✓	✓	✓	✓
Riley, W. J.	✓	✓	✓	✓	✓	✓
Yule, O. J.	✓	✓	✓	✓	✓	✓
Zimmerman, J., Pres.	✓	✓	✓	✓	✓	✓
Keenan, M. V. J., Past Pres.	✓	✓	✓	✓	✓	✓
Dewis, G. M., Treas.	✓	✓	✓	✓	✓	✓
Gullett, D. W. Sec'y.	✓	✓	✓	✓	✓	✓
<i>Chairmen</i>						
Antoni, A. A.	✓	✓	✓	✓	✓	✓
Cline, H. M.	✓	✓	✓	✓	✓	✓
Crowson, A. H.	✓	✓	✓	✓	✓	✓
Gray, A. R. S.	✓	✓	✓	✓	✓	✓
Lowery, R. P.	✓	✓	✓	✓	✓	✓
Lussier, J. P.	✓	✓	✓	✓	✓	✓
McGuigan, J. P.	✓	✓	✓	✓	✓	✓
McIntosh, W. G.	✓	✓	✓	✓	✓	✓
Paynter, K. J.	✓	✓	✓	✓	✓	✓
Purves, J. D.	✓	✓	✓	✓	✓	✓
Rogers, M. A.	✓	✓	✓	✓	✓	✓
Stuart, W. R.	✓	✓	✓	✓	✓	✓
Compton, F. H.	✓	✓	✓	✓	✓	✓
De Montigny, G.	✓	✓	✓	✓	✓	✓
<i>Members</i>						
Ball, R. G.	✓	✓	✓	✓	✓	✓
Beach, H. N.	✓	✓	✓	✓	✓	✓
*alternate						

ATTENDANCE AT BOARD OF GOVERNORS' MEETING

	1st Ses. June 24 9.30 a.m.	2nd Ses. June 25 2.00 p.m.	3rd Ses. June 26 9.00 a.m.	4th Ses. June 26 2.00 p.m.	5th Ses. June 27 9.00 a.m.	6th Ses. June 27 2.00 p.m.
Blair, W.						✓
Brooks, L. K.				✓		
Brown, H. K.	✓	✓	✓	✓		
Campbell, W. G.		✓	✓	✓	✓	✓
Castaldi, C. R.			✓			
Clappison, R. A.	✓	✓	✓	✓		
Clark, W. L.	✓	✓	✓	✓	✓	
Clarke, G. V.			✓	✓	✓	
Conchie, J. M.	✓	✓	✓	✓		
Connor, R. A.	✓	✓	✓	✓	✓	
Decker, G. E.	✓	✓	✓	✓	✓	✓
Dunn, W. J.	✓	✓	✓	✓	✓	✓
Edwards, F.			✓	✓	✓	✓
Gray, A.	✓	✓	✓	✓	✓	
Hamilton, W. S.		✓				
Hann, H. J.		✓	✓	✓	✓	
Johns, E. E.	✓	✓	✓	✓		✓
Johnson, J. H.	✓	✓	✓	✓	✓	✓
Kohli, F. A.	✓	✓	✓	✓		
Le Blanc, R. M.	✓	✓	✓	✓	✓	✓
Lipkind, M.		✓	✓	✓	✓	✓
McCombie, F.	✓	✓	✓	✓	✓	✓
McCormick, C. H.	✓	✓	✓	✓	✓	✓
McCutcheon, J.		✓	✓	✓		
McKechnie, D. C.					✓	
McLean, J. D.	✓	✓	✓	✓		
McPhail, C. W. B.	✓				✓	✓
Mussells, H. L.	✓	✓	✓	✓	✓	✓
Neilson, J. W.			✓	✓	✓	✓
Oliver, A. W.					✓	✓
Pugh, C. R.					✓	✓
Ratte, G.	✓	✓	✓	✓	✓	✓
Reid, H. W.					✓	✓
Richardson, A. S.		✓				
Salter, W. A.				✓	✓	
Simpson, W. J.		✓				
Smith, F. R.	✓	✓	✓	✓	✓	✓
Squires, H. B.		✓	✓	✓	✓	✓
Steeves, D. C.			✓	✓	✓	✓
Swann, G. C.					✓	
Tanner, D. M.	✓	✓		✓	✓	
Taylor, J. B.	✓	✓	✓	✓	✓	✓
Upton, W. R.	✓	✓	✓	✓	✓	✓
Ward, B.	✓	✓	✓	✓	✓	✓
White, E. A.					✓	✓
Whyte, J. P.		✓	✓	✓	✓	✓

FOREWORD

This publication contains a record of the business transacted at the 63rd Annual Meeting of the Canadian Dental Association, held in the Macdonald Hotel, Edmonton, June 24-27, 1964.

At annual meetings of the Board of Governors, reports are first referred to reference committees for study. Chairmen of these committees report their findings to the open sessions of the complete Board where final decisions are made. As a result of this procedure, all matters presented received thorough consideration.

Reports are printed herein as amended at the meeting. Comment and action of the reference committees appear after each report.

These transactions are published in order that each member may be familiar with the policies of the Association on the subjects considered. It is hoped that a valuable reference book is hereby provided.

(Sessions of the Board of Governors are not open to the general public but individual members of the Canadian Dental Association are welcome to attend and to participate in the meetings.)

MEMBERS: *H. R. MacLean, Chairman, Edmonton; E. Downton, Toronto; M. Nacht, Vancouver; D. B. Ward, Montreal; G. C. Swann, Calgary.*

REPORT

1. The observation, study and guidance of auxiliary services is of significant importance to the dental profession in Canada.
2. During this last year information was collected through correspondence with the committee members, attendance at several meetings dealing with auxiliary services, and published reports.
3. A meeting of the full committee would be advisable during the next fiscal year.

Dental Hygienists

4. There are presently four programs for training dental hygienists in Canada. These are all two-year formal university diploma courses and are established at the universities of Dalhousie, Toronto, Manitoba and Alberta. The survey team has visited the schools at Dalhousie, Toronto and Alberta and, following their report, the Council on Education approved the programs in each institution. The number of students in each school is as follows:

Dalhousie	25
Toronto	93
Manitoba	12
Alberta	37
Total	<u>167</u>

Seventy-four are expected to graduate in 1964.

5. The dental hygienists organized nationally in Toronto last year and are holding their second national meeting at this convention.
6. The status of auxiliaries in Canada and the United States was reported and discussed at a joint meeting of the Canadian Dental Association and the American Dental Association at a conference in September, 1963 in Chicago. These papers are on file at the Canadian Dental Association Headquarters for reference.
7. The Royal Canadian Dental Corps published the most informative article to date on the study of additional duties of a hygienist in the December issue of the Canadian Dental Association Journal. The additional service rendered by the dental team, using a technical dental therapist, is amply demonstrated. There are differences, however, which should be noted when relating this program to the profession at large. The Corps has complete internal control of its personnel, is able to closely observe and select these individuals in the early stages of the program, and to closely supervise their actions. As long as they are in the service there is no possibility of abuse of privilege, and, because of selection of the individual, no probability for concern. If such auxiliary dental personnel are to be considered for the civilian profession a similar system of control and supervision would be required.

AUXILIARY SERVICES

8. On December 23, 1963, the Lieutenant Governor in Council of the British Columbia legislature approved amendments to the rules and regulations of the College of Dental Surgeons of British Columbia relating to dentists, dental hygienists, and dental laboratory technicians. Following a section of qualification and registration of hygienists is a section titled "Permits" which reads as follows:

(28) Any technician registered as a dental laboratory technician by the Dental Technicians Board shall be eligible to apply for a permit as a dental hygienist, subject to the following conditions:

- (a) that he or she shall associate, for the performance of the duties of dental hygienist, with a member of the College of Dental Surgeons of British Columbia, in accordance with Regulations (22) and (23).
- (b) that he or she shall undertake such instruction, study and training as would cover those subjects pertaining to the duties of a dental hygienist as defined in Regulation (22) and as may be necessary in view of the previous training and experience of the permit-holder. The organization and administration of such courses of study shall be the responsibility of the Council of the College of Dental Surgeons of British Columbia and be continued until such time as a comparable course for dental auxiliary personnel is established by the Faculty of Dentistry of the University of British Columbia.
- (c) that he or she shall present for examination on the subjects outlined above after two years as a permit-holder, and if successful, would then be eligible for registration as a dental hygienist under the terms of Regulation (27).

This would certainly appear to be a regressive step in dental hygiene. In the above mentioned regulations, no reference was made to public health measures or a preventive program. It should be pointed out, however, that concurrence of the Board of Governors was sought at its 1961 meeting prior to setting up these regulations and the reasons for such action were explained and discussed at that time.

9. In the 1964 annual report of the Special Committee on Manpower and Auxiliaries of the American Association of Dental Schools it was pointed out repeatedly that there is tremendous potential benefit to be derived by an increased concern about ways and means to educate dental hygienists and dental assistants more effectively to perform the duties for which they are at present trained and considered responsible.

Dental Assistants

10. Evening classes are still offered in several provinces to employed assistants.

11. Three formal programs for the training of dental assistants are now in operation.

- (a) One is in a Scarborough high school in Metropolitan Toronto, working in conjunction with and advised by the Faculty of Dentistry, University of Toronto. This program is under the

direction of the Scarborough Board of Education, and is offered at the West Hill Collegiate in Scarborough township. The course is offered in grades eleven and twelve of the four year science, technology and trades branch. A secondary school graduation diploma is given at the end of grade twelve. It is a two-year program, based on a 50-50 ratio — 50% basic high school courses and 50% dental assisting courses.

- (b) The second course is at the Northern Alberta Institute of Technology in Edmonton, working in conjunction with and advised by the staff of the Faculty of Dentistry at the University of Alberta. This program is under the direction of the Provincial Department of Education, and one dentist on a half-time basis and two dental assistants on a full-time basis are employed. The entrance requirement is grade eleven and forty applicants are accepted each year. The program is of ten months duration, for which a tuition fee of \$54.00 is charged. Included in this ten month period is a two month term when the assistants obtain their clinical training by working with the senior dental students in the dental clinic at the Faculty of Dentistry, University of Alberta.
- (c) The third program is in a vocational institute in Vancouver, working in conjunction with and advised by the College of Dental Surgeons of British Columbia, and the offices of the Metropolitan Health Organization of the city of Vancouver. The entrance requirement is junior matriculation, length of course eight months, and the fee is \$15.00 per month. There are twelve students in the Vancouver program.

12. A detailed report of the course contents of the formal programs now in operation was given to the Council on Education at its meeting in February. The Council is undertaking the responsibility of co-ordinating programs for the assistants and hygienists, including the establishment of minimum curriculum requirements. The Council supported a recommendation to sponsor a representative meeting for this purpose, which will be held at headquarters this fall.

13. Following the two-month period in which the student dental assistants worked in the clinic at the University of Alberta, the dental students participating showed that they valued dental assistants more highly, intended to use them more extensively at chairside, and expected to employ them sooner than if they had not had this experience. The dental student finished more cases, and the whole operation of the clinic was markedly improved by the presence of these student assistants. In Alberta, it is the intention of the Institute to keep a record of the employment of this first class of assistants for at least one year.

14. In Toronto, the Faculty of Dentistry has initiated an experimental study concerned with the training of the undergraduate dental students in the utilization of chairside assistants.

15. The profession will be interested in observing the value and effectiveness of these programs after they have been in operation for a longer period of time.

AUXILIARY SERVICES

Laboratory Technicians

16. Laboratory technicians are reported to be operating in all provinces. Provincial organization exists in all the provinces with the exception of the Maritimes and Newfoundland. At present, there is no national organization in Canada. In Western Canada, the registered dental technicians who work with the profession are confused and uncertain in their attitude toward the profession and the government. The organization of the registered laboratory technician is not solid nor strong for the following reasons:

1. Lack of formal training.
2. Inconsistency of methods of operating.
3. Lack of active support by the profession.
4. Difficulties in dealing with individual dentists in matters of laboratory fees, collections, complaints and responsibilities.
5. Uncertainty as to the future of the trade.
6. No national organization.

In some provinces, short courses have been presented to technicians under the sponsorship of the provincial dental association or the faculty of dentistry in that province.

17. A program for the training of dental laboratory technicians started in September, 1963 at the Northern Alberta Institute of Technology. The entrance requirement was junior matriculation, and the length of course two years. Considerable difficulty was experienced in securing a minimum number of applicants, and this reflects the doubt in the minds of the laboratory technicians as to the future, the lack of organization, and enthusiasm for the trade.

Dental Mechanics

18. Dental mechanics in British Columbia and Alberta exist because of enabling Acts, passed by their respective governments, where dental mechanic Bills are enforced, permitting untrained personnel to fabricate complete dentures, including intraoral work for the public. In both these provinces the introduction of this legislation was vigorously opposed by the profession. In Alberta, the Act is administered under the Department of Labour and the committee in charge is dealing almost constantly with disciplinary problems and abuse of the Bill. In British Columbia the amendments to the Dental Technicians' Act prohibit a person from registering as both a dental laboratory technician and a dental mechanic.

19. Due to the fact that in Alberta the Act recognizing dental mechanics exists, and that the technical program is under the provincial Department of Education, a program is offered in the technical schools for the training of dental mechanics. There is no support from the profession for this training, and no instructors have been found to date from the profession to teach any intraoral procedures. It is significant to note, however, that no candidates applied for admission to the course in September, 1963. It is the hope of the profession that some means may be found eventually to offer technician training to only one group, that of the ethical laboratory technician, and to rescind the Act called "The Dental Mechanics' Act".

20. In Manitoba, the denturist-dentist controversy was referred to a nine member committee after abandonment of a Bill for control of denturist operations. The committee is composed wholly of members of the legislature, who plan to visit points in Western Canada as well as collect data through correspondence, and submit a report in January, 1965.

Utilization of Auxiliary Personnel

21. Each corporate body should assume local responsibility to educate the profession in its area in the proper and maximum utilization of auxiliary personnel. Slides, films, or an actual dental health team might be sent to groups in each province, demonstrating the maximum use of personnel and the advantages of adjusting office procedure.

22. During any period of transition, where a transfer has been made from an apprenticeship method of learning to an organized educational program, difficulties will arise in the attitude of those now employed, the employer, and the newly trained candidates. This difficulty will likely extend for a period of years. Organizations in dentistry must make an effort to do all possible to support the educational programs and convince practitioners of the value of these formally trained people. The most important factor in relation to auxiliary personnel is the active concern and support of every one in the dental profession for the three groups — hygienists, assistants and technicians. Until the professional man is not only convinced of their value, but is willing to work in support of these people, we will experience great difficulties in recruitment, training, and employment.

23. The undergraduate dental student must be taught to recognize his responsibilities and to work with the profession in the development of proper auxiliary services.

Recommendation

24. That budgetary provision be made for an annual meeting of the Committee on Auxiliary Services for the amount of \$1,500.

COMMENT AND ACTION

1. Agreed.
2. Information.
3. Agreed.
4. Note with approval the increase in numbers of the dental hygienist graduates.
- 5-6. Information.
7. We commend this program as an informative and pioneering study.
8. No candidates have applied for this course. We agree that this is an undesirable program but it appears to have no practical significance in view of the lack of applicants.

AUXILIARY SERVICES

9. Approved.
10. Information.
11. It is reported to us that at this early date all these formal programs are judged to be very successful with a good list of applicants.
12. Commended.
13. Information.
- 14-15. We are informed that while this study is incomplete it gives indication of a favorable result.
16. This is a difficult and delicate question in view of the essential independence of the technicians and the varying conditions across the country. It is, however, desirable that the profession should cooperate with and assist in, organizing technicians' associations but must be careful not to become involved to the point of loss of impartiality.
- 17-20. Information.
- 21-22. Agree.
23. We strongly support this statement.
24. Agreed.
We recommend the adoption of the report of the Auxiliary Services Committee.

APPROVED

MEMBERS: *H. M. Cline, Chairman, Vancouver; G. V. Fisk, Toronto; A. G. Racey, Montreal; J. P. Whyte, Swift Current.*

REPORT

1. The duties of the Council during this past year have not been onerous. Liaison between headquarters, the other members of the council and the chairman has been maintained by correspondence.

2. The Canadian Society of Dentistry for Children has proposed the following amendment as an addition to the present constitution of the Society: under Article 4 Membership:

“Membership-at-large in the Society may be granted to all members in good standing in the Canadian Dental Association who:

- (a) reside in areas of Canada where Chapters are not presently organized, and
- (b) submit to the National Executive Secretary-Treasurer a membership fee as determined by the National Executive Council.”

Article 4 would then read:

“Article 4 — Membership

- 1. Membership in the Society shall be granted to all who qualify for Chapter membership.
- 2. Membership-at-large in the Society may be granted to all members in good standing in the Canadian Dental Association who:
 - (a) reside in areas of Canada where Charters do not exist, and
 - (b) submit to the National Executive Secretary-Treasurer a membership fee as determined by the National Executive Council.
- 3. Honorary membership may be conferred by the Society on any person who has contributed in an exceptional manner to the advancement of child health.”

3. The Council on Constitution and By-laws recommends for adoption by the Board this proposed amendment to the Constitution of the Canadian Society of Dentistry for Children.

COMMENT AND ACTION

- 1. Information.
- 2. Approved.
- 3. Agreed.

We move the adoption of the report of the Council on Constitution and By-laws.

APPROVED

CONVENTION

MEMBERS: *Dr. W. Ross Stuart, Chairman, Edmonton; Dr. G. T. Lindskoog, Recording Secretary & Vice Chairman; Dr. G. E. Decker, Corresponding Secretary & Liaison to Alberta Dental Association; Dr. J. M. Shields, Treasurer; Dr. J. E. Young, Chairman of Registration; Dr. R. H. Blaquiere, Chairman of Reception; Dr. A. H. Lane, Chairman of Publicity; Dr. D. H. MacDougall, Chairman of Luncheon Arrangements & Dinner; Dr. N. Basaraba, Chairman of Golf & Recreation; Dr. B. M. MacKenzie, Chairman of Visual Education; Dr. J. S. Little, Chairman of General Arrangements; Dr. C. Castaldi, Chairman of Essayists & Clinicians; Dr. L. A. Hague, Chairman of Table Clinics; Dr. W. Scott Hamilton, Chairman of Hosts; Dr. C. W. Olsen, Chairman of Transportation; Mrs. F. Cleall, Chairman of Ladies; Dr. J. R. Harms, Chairman of Programme; Dr. G. T. Lindskoog, Chairman of Sunday Evening Musicales; Dr. J. D. Hawkins, Chairman of Art Exhibit; Dr. R. B. Campbell, Chairman of Exhibitors; Dr. D. F. McIntyre, Chairman of Accommodations.*

REPORT

1. The Canadian Dental Association accepted the invitation of the Alberta Dental Association to hold a Joint Convention in 1964 at Edmonton, June 28 to July 1.
2. It is with profound appreciation that the General Chairman thanks the committee members, specialty sections, hygienists and dental assistants for their cheerful and continuing helpful efforts throughout the preparations.
3. The Board of Governors' Meeting is to be held from June 24 to June 27 inclusive at the Macdonald Hotel, just prior to the Joint Convention, and sufficient meeting rooms, press room and accommodation have been reserved for their committee work, etc.
4. The Convention preparations have been planned to try and balance a thorough scientific and a pleasant social program, a copy of which is attached as Appendix A. The specialty sections, hygienists and assistants all have their programs arranged.
5. The Publicity Committee has planned:
 - (a) Three direct mailings to all dentists in Canada, one by the Canadian Dental Association and two by the Convention Publicity Committee.
 - (b) One direct mailing by T.C.A.
 - (c) One direct mailing by the provincial government.
 - (d) A two-page supplement in the February issue of the Journal of the Canadian Dental Association.
 - (e) An eight-page supplement in the March issue of the Journal of the Canadian Dental Association.
 - (f) A four-page supplement in the April issue of the Journal of the Canadian Dental Association.
 - (g) Announcements and articles in the Alberta Dental Association Newsletter.
 - (h) Invitations to all northern state societies and Alaska.

6. *Registrations*

Estimated attendance is 600 dentists and 400 wives, with the fee being set at \$40 single and \$50 for dentist and lady. Registration forms are being included in the advance publicity and in the Journal of the Canadian Dental Association.

7. *Sunday Evening Musicale*

The first part of the program will be a string trio and attempts are being made to have this part broadcast over the C.B.C. The second part will include vocal selections by the Edmonton Professional Opera Society. Following the musicale is a social hour of coffee and cake and tours of the art exhibit.

8. *The Ladies Program*

The Ladies Committee has arranged a fine program for the delegates' wives to include a "Western Brunch", luncheon at the Glenora Club, a tour of the city, followed by a tea at the Macdonald Hotel, plus the Barbecue, luncheon on Tuesday and the President's Ball. In addition, the ladies, plus the assistants and hygienists, are invited to those parts of the scientific program that might be of interest, such as Dr. Hillenbrand, the Canadian Dental Association panel, etc.

9. *The budget is attached as Appendix B.*

It will be noted that we are receiving considerable assistance from the following sources:

- (a) \$1,000 grant from the City of Edmonton.
- (b) \$1,000 grant from the Government of Alberta.
- (c) The Procter and Gamble Company is contributing \$1,000 to finance the University of Alberta T.V. program.
- (d) The favors for the delegates, their wives, the assistants and the hygienists sponsored by Colgate Palmolive Limited.
- (e) Colgate Palmolive Limited is also financing the refreshment hour and the barbecue at the Derrick Club on Monday evening.

10. *Table Clinics*

The original target was 40 but 70 have already accepted. These, as it will be seen on the program, are being presented at two separate sessions to provide sufficient time and space.

11. *Exhibitors*

All available exhibit space has been sold. There are five free booths arranged. The exhibitors contribute a great deal to the success of a convention and, as a token of our appreciation, we are having a reception for them on Sunday afternoon.

12. *Printed Program*

An advertising agency is soliciting the advertising and printing the program at a cost of \$1,500. This should be self-supporting.

13. *Art Exhibit*

This committee has arranged for excellent display facilities with the assistance of the Edmonton Art Gallery. This room will be set up from Saturday to Wednesday with Commissionaires in attendance.

CONVENTION

Appendix A

CONDENSED PROGRAM

Sunday, June 28th

8.30 a.m.	Dental Public Health Breakfast
2.00 p.m. - 9.30 p.m.	Registration
2.00 p.m. - 9.00 p.m.	Art Exhibit
8.00 p.m.	Musicale

Monday, June 29th

8.15 a.m. - 5.00 p.m.	Registration
8.15 a.m. - 9.30 a.m.	Coifée
8.30 a.m. - 12.30 p.m.	Commercial Exhibits
9.30 a.m. - 11.30 a.m.	Table Clinics
11.00 a.m. - 12.00 a.m.	R. W. Phillips
12.30 p.m. - 2.30 p.m.	Canadian Dental Association Luncheon
2.30 p.m. - 5.30 p.m.	Commercial Exhibits
2.30 p.m. - 3.30 p.m.	H. Hillenbrand
3.30 p.m. - 5.00 p.m.	1. C. Moses
	2. Dental Research
	3. Scientific Motion Pictures

Evening

Barbecue

Tuesday, June 30th

8.15 a.m. - 5.00 p.m.	Registration
9.00 a.m. - 12.30 p.m.	Commercial Exhibits
9.00 a.m. - 10.30 a.m.	Table Clinics
10.00 a.m. - 11.00 a.m.	1. Grieve Memorial Lecture
	2. C. Moses
11.00 a.m. - 12.00 a.m.	T. Ward
12.30 p.m. - 2.00 p.m.	Alberta Government Luncheon (Mixed)
2.00 p.m. - 5.00 p.m.	Commercial Exhibits
2.00 p.m. - 4.00 p.m.	Canadian Dental Association Panel
4.00 p.m. - 5.00 p.m.	1. Dental Research
	2. Scientific Motion Pictures
	3. G. L. Locke and A. D. Sparrow

Evening

1. Reunions
2. Tour of Alberta Game Farm

Wednesday, July 1st

9.00 a.m. - 12.00 a.m.	Registration
9.00 a.m. - 12.00 a.m.	Commercial Exhibits
9.00 a.m. - 10.00 a.m.	T. Ward
10.00 a.m. - 11.00 a.m.	R. W. Phillips
11.00 a.m. - 12.00 a.m.	Discussion Panels
	1. H. Hillenbrand and R. W. Phillips
	2. C. Moses and T. Ward

CONVENTION

11.00 a.m. - 12.00 a.m.	W. Zacherl
12.30 p.m. - 2.00 p.m.	City of Edmonton Luncheon
1.00 p.m. - 5.00 p.m.	Commercial Exhibits
2.00 p.m. - 5.00 p.m.	1. Tour of Faculty of Dentistry, University of Alberta.
	2. Closed Circuit T.V., Faculty of Dentistry, University of Alberta.
Evening	President's Dinner Dance

<i>BUDGET</i>		Appendix B
<i>Expense</i>		
1. Stenographic Services		\$ 1,500
2. Exhibitors' Committee		2,321
3. Publicity Committee		2,607
4. Ladies Committee		5,000
5. Luncheons		16,000
6. Essayists and Clinicians		2,872
7. Host Committee		1,000
8. Miscellaneous (Bank charges, auditing, bonding, etc.) ..		600
9. Registration Committee		500
10. Musicale		1,000
11. Signs Committee		600
12. General Arrangements		700
13. Table Clinics		1,350
14. Transportation ..		1,000
15. Accommodation Committee		500
16. Post Convention Tours		50
17. Printed Program		1,500
18. Art Exhibit		500
19. Golf		50
20. Convention Rooms		950
21. Closed Circuit T.V.		1,000
		\$41,600
<i>Income</i>		
a. Registrations 400 x 50, 200 x 40		\$28,000
b. Exhibitors		7,050
c. Program Advertisement ..		1,000
d. Grants — City of Edmonton	\$1,000	
Province of Alberta	1,000	
Colgate Palmolive Ltd.	4,600	
Procter & Gamble Co.	1,000	
		\$ 7,600
		\$43,650

CONVENTION

COMMENT AND ACTION

- 1-3. Information. Board of Governors appreciate the efforts of the convention committee regarding accommodation arrangements for meeting rooms, etc., during its sessions.
- 4-5. Information. It is recommended that, when feasible, special attention be given to provide information regarding the annual convention in French as well as in English.
- 6-7. Information.
8. Information. Ladies Committee to be commended on setting up such an excellent program for visiting ladies.
9. Information. It is recommended that the generosity of the City of Edmonton, the Government of Alberta; the Procter and Gamble Co.; and the Colgate Palmolive Co. be brought to the attention of the Committee on Special Resolutions.
- 10-13. Information.

The chairman and members of the 1964 Convention Committee are to be commended for the splendid arrangements that have been made. The success of the 1964 convention would seem to be assured by their efforts.

We recommend the adoption of the report of the Convention Committee.

APPROVED

MEMBERS: *W. G. McIntosh, Chairman, Toronto; L. Bernier, Quebec; W. J. Dunn, Toronto; B. M. MacKenzie, Edmonton; H. G. Pettapiece, Parksville; R. A. Clappison, Toronto; H. J. MacConnachie, Halifax; P. G. Anderson, Adviser, Toronto.*

REPORT

1. The Dental Services Committee met December 9-10, 1963, in Toronto in the boardroom of the Royal College of Dental Surgeons of Ontario. The boardroom and other fine facilities of the Royal College of Dental Surgeons of Ontario were graciously offered for the use of the committee in view of building alterations underway at CDA headquarters. All members of the committee were present including Dr. P. G. Anderson the advisory member. In addition the meeting was favoured with the presence of Dr. S. Yaholnitsky of Saskatchewan and Dr. H. Jolley of Ontario, chairmen of their respective provincial dental service committees; Dr. R. D. Leuty the orthodontic representative; Dr. Walter Pressey a member of the subcommittee on fees; and the executive staff from CDA headquarters.

Provincial Reports

2. Most provinces responded to requests for information concerning dental services in the respective provinces.

3. It is interesting to note that B.C. now has a dental service corporation with a newly appointed manager and is negotiating for its first dental contract. The Act of Incorporation of Nova Scotia Dental Services was passed at the last session of the provincial legislature. It permits the service corporation to handle all types of prepayment and post-payment dental plans. Quebec has a dental service corporation but has no active contracts. The Alberta Dental Association Act has been amended to give the association the right to set up a dental services corporation. The amendment comes into effect on July 1st. Ontario has conducted considerable investigation concerning the requirements for incorporation. Committees have been established in most of the other provinces to look into the feasibility of setting up dental service corporations.

4. All provinces report some welfare services in operation and most indicate again, a need for increasing this kind of service. The method of remuneration to participating dentists varies and includes straight salary, fixed hourly fee and fee for service. In four provinces, the profession is administering welfare programs financially supported by government grants. In Ontario and Alberta, pro-rata is employed to pay the dentist's fee which is based on the approved provincial fee schedule.

5. In New Brunswick an interesting experimental pilot prepaid dental care program for the employees of Maritime Blue Shield and Blue Cross was initiated by Maritime Health Services Association (MHSA) last fall. Its two stated objectives are:

- (a) To provide the employees and their families with a reasonable program of prepaid dental care, and
- (b) To do research in this facet of health care.

DENTAL SERVICES

6. The plan is of the indemnity type with deductibles, co-insurance and maxima features. It is to operate for a period of one year and then receive a critical review.

7. The dental personnel involved in the establishment of this plan report full and harmonious cooperation with M.H.S.A. It is particularly interesting that the initiative should be taken by Blue Shield and Blue Cross. Similar groups have also shown interest in dental prepaid plans in some sections of the United States.

8. *Policy Statement on Health Insurance*

It was reported last year that a revision and updating of the policy statement on health insurance was in progress. It was decided that this revision should include the main principles applicable to dental prepayment plans. The new combined policy statement which replaces the Policy Statement on Health Insurance (Transactions 1956: 120) and the Principles for Prepayment Plans (Transactions 1960: 161) appears in Appendix A.

9. *Monograph on Group Practice*

Action has been taken on the recommendation, made a year ago, that the material on group practice gathered and compiled by Dr. O. J. Yule and his subcommittee, be printed as a monograph. This monograph is an excellent reference on the subject and is available from CDA headquarters.

Subcommittee on Fees

10. This subcommittee under Dr. R. A. Clappison's able direction has been most active. The work on a relative value fee determination system has continued and although it is presented as another progress report prodigious detail has been added since the last report a year ago.

11. Before the subcommittee presents a subsequent and more final report for this Board's approval it would be helpful and stimulating to the future work of the subcommittee if this Board would either approve in principle the accomplishments thus far, or give specific directions for further study.

12. The subcommittee's report on a relative value method of fee determination appears as Appendix B. The effort to date has attracted a great deal of attention in Canada and elsewhere and the Dental Services Committee heartily congratulates the subcommittee for its splendid work.

Reference List of Dental Services

13. It is apparent that numerous dental groups across Canada are attempting to develop and update fee schedules. This means that lists of dental services will be required. Government agencies and insurance companies, through their interest in the establishment of dental service plans, are also concerned with lists of dental procedures and their proper terminology. With the prospect therefore of many lists of dental services, it seemed propitious to try to coordinate the efforts, hopefully to construct an inclusive list of dental services with correct terminology, which could serve as a reference list or guide to all interested parties.

14. The subcommittee studying methods of fee determination volunteered to include this project along with its other assignment. Accordingly, a letter that explained the intent of the plan and that invited participation, was sent to all corporate members, the dental schools, the CDA sections and to all organized dental groups that indicated an interest in the project. A notice was also placed in the January issue of the Journal, soliciting assistance from any organizations or groups within the profession.

15. The subcommittee compiled the first draft of items to be included in a list of dental services. This was forwarded to the groups mentioned in the preceding paragraph along with a request for suggestions as to alterations, additions, and deletions. With the aid of the replies that were received the subcommittee adjusted the original draft and the new comprehensive list of services is appended in Appendix C for your approval.

Subcommittee Studying Orthodontic Services

16. Dr. R. Leuty, the chairman of this subcommittee, reported some recently accumulated evidence on the value of early examination and preventive procedures in reducing orthodontic abnormalities. Groups of twelve year old children were examined and compared from the standpoint of orthodontic priority estimate scores. (See 1963 CDA Transactions, page 22.) Two of these groups were from the Burlington Orthodontic Research Clinic, a control group and a serial treatment group. The third was from Orangeville, Ontario. The study was done by Drs. Popovich, Jarvis, Leuty and Grainger and the results are tabulated in Appendix D.

17. A rapid assessment can be made by totalling the percentage of children in each group with estimated scores of 5 and above. This gives a total of 39.8 per cent in need of treatment in the Orangeville group, 31.9 per cent in the Burlington control group and only 7.2 per cent in the serial treatment group.

18. Strong evidence is thus provided in support of the value of early orthodontic diagnosis, accompanied when indicated, by preventive procedures, in reducing the need for advanced forms of therapy in later years.

19. This principle, so clearly illustrated in the above report, is of much significance to any who are involved in the planning for orthodontic services in the future.

20. Headquarters Staff Dental Plan

Important administrative experience, and knowledge concerning developments inherent in the operation of dental service plans, are accumulating as a result of the continuance of this plan. Highlights of the second year's operation of the plan appear in the report of the Bureau of Economic Research. The complete report is being published in the July Dental Economics Newsletter.

Commercial Dental Insurance Plans

21. Considerable activity has taken place in the area of commercial dental insurance in the last year. At the time of writing this report, about a dozen

DENTAL SERVICES

insurance companies have dental plans either available, or nearly so. Most of the plans are designed for group participation but some will sell to individuals.

22. The Dental Services Committee expressed the opinion that dental organizations should cooperate with insurance companies in the preparation of dental plans.

23. *Senate Committee on Aging*

A special committee of the senate has invited submission of a brief concerning dental health care for aging Canadians. This is a part of a larger study on the welfare of the aged undertaken by the Senate Committee. It was agreed that the CDA should submit such a brief and at the Executive Council's request, the Dental Services Committee appointed a Steering Committee to assist the headquarters staff in its preparation. Facts on the subject and pertinent suggestions were requested from the provincial secretaries and the information thus gained was considered for inclusion in the brief. Mrs. Brown assumed the main responsibility for putting the material on paper. As usual she has done an excellent job of a difficult task. The brief was completed and forwarded to the Executive Council for approval and disposition.

24. *Resolution from the Canadian Society of Oral Surgeons*

A resolution from the Canadian Society of Oral Surgeons was forwarded to the Dental Services Committee by the Executive Council for comment. The resolution dealt with the fact that all medically-controlled insurance schemes will not honour claims for oral surgical services when these are rendered by dentists. The Dental Services Committee considered the resolution in detail and forwarded a summary of the discussion to the Executive Council.

25. *Recommendations*

It is recommended

- (a) that the submitted reference list of dental services and the terminology used in the list be approved by the Board of Governors as the official CDA list of dental services
- (b) that the Board of Governors approve in principle the progress report on relative value methods of fee determination.
- (c) that the Board of Governors request the subcommittee to culminate the relative-value study by establishing the last of the details respecting the formula by which dental fees could be scientifically determined; and by having these details reviewed and constructively criticized by dental organizations that are willing to cooperate in this important project; and by submitting a subsequent report for this Board's approval.
- (d) that studies relative to orthodontic services in pre-paid dental schemes be continued.
- (e) that the headquarters staff dental plan be continued and kept under constant critical review especially from the administrative standpoint.

- (f) that study and observation relative to all phases of dental service plans be continued.
- (g) that the problem of providing dental care for non ambulatory patients, a large percentage of whom are elderly people, continue to be investigated. The request from the Special Committee of the Senate on Aging for a statement and recommendations on this subject along with additional inquiries from the Canadian Medical Association's Committee on Rehabilitation, and other organizations, indicate a great deal of interest in this segment of our population. The dental profession is obligated to do what it can to make adequate dental care available to this group of people and therefore it is recommended that the Dental Services Committee continue its study of the related problems with a view to bringing in recommendations that will assist the profession in meeting this important responsibility.

Appendix A

POLICY STATEMENT ON DENTAL PREPAYMENT PLANS

For many years the Canadian Dental Association has maintained a continuing study of dental prepayment plans around the world. These studies provide the basis of this policy statement on dental prepayment plans for Canada.

The dental profession of Canada strives to provide the best possible dental care. The profession's goal is to raise the general level of dental health until ultimately all Canadians enjoy good dental health. The profession, through its national organization, the Canadian Dental Association, has recorded its readiness and willingness to cooperate with appropriate authorities in planning for better dental health for more Canadians.

Simply stated, Canada has too few dentists and too much dental disease. It is impractical now to offer a comprehensive dental care plan for the whole population. A program of treatment services for all people of all ages simply could not be carried out by the present number of dentists. Dental manpower would be overwhelmed if an attempt were made to cope, by means of treatment alone, with the great magnitude of Canada's present dental service requirements. Before a complete nation-wide dental care plan could be introduced, emphasis must be placed upon research into the causes and control of dental disease, upon means of preventing dental diseases and upon increasing the numbers of dentists and auxiliary workers.

The Canadian Dental Association encourages the establishment of dental prepayment plans for groups of people. These plans hold promise of making better dental health a practical reality for their subscribers and, at the same time, at a known cost.

There are two main types of dental plans and various combinations of the two:

- (a) One is the indemnity type, which reimburses the patient for the cost of dental care but does not provide dental care itself. The patient

DENTAL SERVICES

bears the responsibility for knowing what services are covered by the plan and for payment of the dentist's fee.

- (b) The other type of plan is the dental service plan under which dentists contract to provide specified dental services according to an established schedule of fees. Dental service plans should be administered by provincial non-profit, profession-sponsored dental service corporations whose boards of directors represent the public and the profession.

The first objective of a dental prepayment plan should be good dental health. This can be accomplished by a positive program of preventive care by dentists, intensive dental health education of children and their parents and, at the community level, institution of sound public health measures such as fluoridation.

The Canadian Dental Association believes that observance of the following principles will result in better dental prepayment plans and thus in better dental health of the people served by them.

1. Organizations representing the dental profession should be consulted to help design the plan, well in advance of starting a plan or introducing legislation for one.
2. Treatment should be provided by dentists in private practice.
3. Specialist services should be included if the patient is referred to a specialist by a general dental practitioner.
4. The right of patients to choose their dentists and conversely the right of dentists to select patients should be assured.
5. Dentists should be free to exercise their professional judgment and perform covered services without prior authorization of the administrative arm of the plan.
6. The discipline of dentists must continue to be the responsibility of the licensing bodies within the profession.
7. The basis of payment for dental services should be the dentist's usual fees or the schedule of fees established by the appropriate provincial dental organization.
8. All ethically and legally qualified dentists should be eligible to participate in the plan should they choose to do so.

There are several other factors worthy of consideration in developing dental prepayment plans.

- Intensive dental health education should precede and accompany the treatment program.
- The age groups to be covered by the treatment program should be determined by initial and periodic assessment of the needs of the people who are to be included in the plan, and of the available funds and dental personnel. Ideally the plan should begin by including all children from three to, if possible, six years of age and should extend, annually if possible, to children one year older. By adding another age level each year, it is possible eventually to develop a whole generation of Canadians with healthy mouths and the knowledge to keep them that way.

- Direct annual surveys of the dental health of the people covered by the plan should be conducted to determine the direction and development of the plan. The success of a dental treatment program cannot be established simply by the tabulation of the number of operations performed out of an unknown backlog of treatment needs.

Because it is virtually impossible for any plan to include all the services which dentists can provide, priorities should be established. Top priority should be given to preventive and restorative services. The dental organization assisting in designing the plan can give advice as to the priority of specific services.

ADOPTED

Appendix B

RELATIVE VALUE METHOD OF FEE DETERMINATION

Preface

1. The procedures mentioned in this progress report do not dictate the total means of correction of any given dental problem. The members of the subcommittee were aware of the diverse number of technical and surgical procedures that could be used to achieve a given dental service. *In the relative value system it is the service and not the technique that was evaluated.*

2. In the section under Diagnostic Services regarding radiographic examination it will be noted that there are no "T", "R", or "RVU" established. The feeling of the subcommittee was that there were two avenues of approach to this division:

- (i) To give a definite dollar value to the exposure, processing, mounting and interpretation of films

or

- (ii) Because of the problem of dividing multiple exposures of films into fractional units which were hard to relate, an entirely separate section of relative values would be required to be established and these would have relative values that would exist only within that section of services and should not be related to values in any other section.

3. The problem of "Quadrant therapy" presented many varied facets. There were benefits and responsibilities to be assessed in favour of the patient and the practitioner.

Quadrant therapy meant to the patient:

- (i) He was subjected to less discomfort.
- (ii) He was subjected to fewer appointments, which are stressful.
- (iii) His time is conserved.
- (iv) He often receives a more adequate dental service with opportunities for rubber dam and provision for better contours on restorations.

DENTAL SERVICES

Quadrant therapy meant to the practitioner:

- (i) That the practitioner was left with the responsibility of cancelled long appointments which, in the interest of good public relations he could not assess an adequate fee for.
- (ii) The additional efforts, stress and organizational ability of the practitioner in providing this service should be remunerated.
- (iii) The provision in some practices of more auxiliary aid.
- (iv) That the "T" factor benefits are mainly in the preparation of the patient, onset of anaesthesia, and duplication of steps in preparations, surgery or impressions. The other factors remain the same.

It was the opinion of the committee that an economic benefit could accrue and that the responsibility of offering to the patient any such benefit, as a result of Quadrant therapy, should rest with the individual practitioner.

Progress Report, 1963

The subcommittee on fees of the Dental Services Committee held eleven sessions totalling forty-six hours during the year 1963. As requested by the Board of Governors further studies were made to develop a relative value system of fee determination for dental services.

This relative value system is in fact (a) a device to render incomparable services comparable and (b) a device by which closely similar services could be differentiated..

For those who may be coming in contact with a Relative Value System for the first time, a short description of the background might be beneficial. The need for some scientific system is exemplified in the wide variation of dental fees for the identical service seen in the Fee Schedules or Fee Guides of the various provinces and dental groups. Fees in the past have often been based on local custom and bear no relative value to other services. Local custom does not produce a fee that is fair, equitable and ethical for all services. A scientific basis is a requisite in this age of exactness.

Certain principles were then established and an uncomplicated occlusal amalgam alloy restoration was selected as a *basic unit*. The principles that guided the selection of this basic unit were that the service:

1. *Must be simple* (unaccompanied by complications). The lack of complication is to mean that it does not involve extensive caries; does not involve pulpal tissue, or unusual anatomical variations.
2. *Must be frequently performed.*
3. *Must be limited in variation of technique.*

The *essential components for the basic unit* were then selected as:

1. *TIME* "Time is a measurable factor and provides a most justifiable basis for a relative fee schedule." (1)
2. *RESPONSIBILITY* consisting of the following components:
 - (i) Knowledge
 - (ii) Judgment
 - (iii) Skill.

Other components of the Relative Value Unit were considered but were deleted from the establishment of the Relative Value Unit for the following reasons:

1. *OFFICE OVERHEAD* —

- (i) Its relation is to the *overall formula* and not the basic unit.
- (ii) Its variation, on an average, is not significant enough to basically alter the specific formula for a basic unit. It could be included in the final formula.
- (iii) The difficulty of application to a particular service except at a year end.

2. *LABORATORY COST* — The actual cost assessed by the laboratory including materials used by the technician in fabricating the case.

3. *PATIENT DIFFICULTY AND PATIENT VALUE FACTOR*

- (i) It is not universally applicable to a specific service.
- (ii) It is an overlap to the *TIME* factor.
- (iii) It is subject to extreme variation in interpretation.

4. *MATERIAL* — It is primarily a component of the item *OVERHEAD* or *LABORATORY* and its variation is not significant enough to basically alter the specific formula.

During the past year the subcommittee has spent most of its efforts in the following aspects of the system.

- 1. A reclassification was made of some of the *RESPONSIBILITY* factors in order to create a better relativity of services.
- 2. Reorganization of the previous "Outline of Services" was pursued in order to provide a systematized outline of basic dental services.
- 3. The list of services was extended to include most of the services rendered by the average dentist.
- 4. The selection of the constituents that would be considered as factors in the conversion of units to dollars was made.
- 5. The subcommittee selected factors that affect the practice of "Quadrant Dentistry".
- 6. The *TIME* and *RESPONSIBILITY* factors and their multiplication to provide the *RELATIVE VALUE UNIT (RVU)* were included with the list of services for ease of utilization.

BASIC UNIT — The basic unit is attained by the multiplying of the *TIME* factor by the *RESPONSIBILITY* factor,

$$\text{TIME} \times \text{RESPONSIBILITY} = \text{RELATIVE VALUE UNIT (RVU)}$$

$$T \times R = U$$

FINAL FORMULA — The relative value unit multiplied by an arbitrarily chosen conversion factor plus the laboratory fee (if any) would give the fee in dollars.

$$U \times f + L = \text{Fee}$$

CONVERSION FACTOR OF UNITS TO DOLLARS — In order to establish a formula which could be called scientific it is necessary that its

DENTAL SERVICES

component parts be exact or in accord with a definite or accurate systematic range. With reference to the basic premise or principles upon which the relative value system was devised here, the basic components namely TIME, RESPONSIBILITY and LABORATORY have a definite value or range. In terms of rendering a dental service, at the present time or in the near future, these components can be identified and classified according to basic principles.

There exists however, one component which cannot be classified in the above manner. This component involves money or price which is the universal standard for measuring value. It is a fact that economic standards or values are not fixed in time and space. In dental practice these values would be affected by such factors as:

- (i) Office overhead
- (ii) Local economic conditions, e.g., standard of living
- (iii) General economic conditions, e.g., inflation, deflation, so-called "cost of living" index
- (iv) Use of auxiliaries, e.g., dental hygienist
- (v) Changing patterns of practice, e.g., increase in preventive services
- (vi) Individual evaluation of knowledge, skill and quality of service
- (vii) Individual evaluation of significance of service rendered
- (viii) Value of service to the patient.

Since this relative value system has been devised at the present time and under identifiable and specific methods of practice and economic conditions, it has been suggested that the "F" component of the formula be given an *arbitrary* value of 5 (five). As this conversion factor is an arbitrary one, alteration of the value of the factor, because of allowance for any of the above conditions would alter the fee but would still conserve the relationship of the service in a relative value fee system.

CLASSIFICATION OF RESPONSIBILITY FACTORS

CLASS I (Factor 1)

Amalgam restorations
Dental caries detection test
Denture adjustment
Diet analysis and recommendations
Emergency treatment (palliative)
Finishing restorations
Oral hygiene instruction
Prophylaxis
Pulp testing
Radiographic examination
Recementation of inlay or crown
Removal of calculus
(maintenance procedure)
Silicate and direct resin restorations
Topical application of solutions
for caries control

CLASS II (Factor 1.25)

Clinical examination
Conservative periodontal treatment
Consultation and treatment
presentation
Cytological examination
Denture rebasing
Denture relining
Denture repairs
Diagnostic models
Displacement dressing (packing)
Examination and diagnosis of
injuries to the teeth and
supporting structures
Emergency treatment requiring
sutures
Partial dentures

DENTAL SERVICES

Post-operative treatment (surgical)
 Pulpotomy
 Removal of calculus
 (a periodontal service)
 Removal of carious lesions and
 dressing
 Surgical removal of erupted teeth

CLASS III (Factor 1.50)

Biopsy
 Complete dentures
 Cast metal post and coping
 Crowns
 Diagnosis and prescription of
 services
 Endodontic treatment
 Gold foil
 Inlays (including veneers)

Pulp capping
 Recementation of bridge
 Provisional splinting (ligation)

CLASS IV (Factor 1.75)

Advanced periodontal treatment
 Fixed bridge restoration
 Frenectomy
 Inlays or veneers with retentive pins
 Interceptive orthodontic treatment
 Occlusal equilibration
 Reinforced amalgam restorations
 (pins)
 Surgical removal of erupted teeth
 requiring "surgical flap"
 technique
 Surgical removal of impacted teeth

OUTLINE OF SERVICES

Diagnostic services

Preventive services

Treatment services

(A) Emergency services

(B) Surgical services

(C) Periodontic services

(D) Endodontic services

(E) Restorative services

(1) Treatment of dental caries

(2) Extensive restoration of teeth

(F) Prosthetic

(G) Additional services

RELATIVE VALUES OF DENTAL SERVICES

DIAGNOSTIC SERVICES

SERVICE	T	R	RVU
Oral examination (specific)	1.0	1.25	1.25
Oral examination (general)	1.0	1.25	1.25
Diagnostic models	1.0	1.25	1.25 + L
Diagnostic models (mounted)	2.0	1.25	2.5 + L
Biopsy	2.0	1.5	3.0 + L
Cytological examination	1.0	1.25	1.25 + L
Pulp Tests (general)	1.0	1.0	1.0
Diagnosis and prescription of services	1-2.0	1.5	1.5-3.0

DENTAL SERVICES

DIAGNOSTIC SERVICES	SERVICE	T	R	RVU
	Single periapical film			
	Additional periapical films (up to and including a total of 7 films)			
	Complete series periapical films including Bite-Wings (16 films minimum)			
	Intraoral, occlusal view, maxillary or mandibular			
	Extraoral, radiographs (a) right lateral (b) left lateral (c) posterior-anterior			
	Single Bite-Wing film			
	Posterior Bite-Wing films			

PREVENTIVE SERVICES	SERVICE	T	R	RVU
	Prophylaxis (primary dentition)	1.0	1.0	1.0
	Prophylaxis (secondary dentition)	1.5	1.0	1.5
	Removal of calculus (applicable only to a regular maintenance service)			
	(a) Specific	1.0	1.25	1.25
	(b) General	2.0	1.25	2.5
	Topical application of solutions for caries control e.g. Stannous Fluoride (Prophylaxis fee not included)	1.0	1.0	1.0
	Occlusal adjustment			
	(1) Specific	1.5-2	1.75	2.6-3.5
	(2) General (Complete dentition)	4.0	1.75	7
	Oral hygiene instruction (oral physiotherapy)	1.0	1.0	1.0
	(a) Brushing			
	(b) Massaging			
	(c) Embrasure Cleansing/Total	1.0	1.0	1.0
	Diet analysis and recommendations (fee includes recommendations only)	1.0	1.0	1.0
	Dental caries susceptibility tests (reading and reporting findings with recommendations)	1.0	1.0	1.0 + L
	Finishing restorations — minimum of four teeth (Including refinement of marginal ridges and occlusal surfaces)	1.0	1.0	1.0

DENTAL SERVICES

PREVENTIVE (cont'd)

SERVICES	SERVICE	T	R	RVU
	Interceptive orthodontics			
	1. Complete orthodontic examination to include evaluation of diagnostic models and complete series x-rays	3	1.75	5.25
	2. Consultation and case presentation	2	1.25	2.5
	3. Removable habit inhibiting appliance	3	1.75	5.25 + L
	4. Fixed habit inhibiting appliance			
	1. fitting bands 3T and impression			
	2. cementation 2T	5	1.75	8.75 + L
	5. Fixed space maintainer (Band type)	3	1.75	5.25 + L
	6. Bilateral removable acrylic space maintainer	3	1.75	5.25 + L
	7. Soldered lingual arch space maintainer	5	1.75	8.75 + L
	8. Bilateral space regainer (split type)	3	1.75	5.25 + L
	9. Incline bite plane	3	1.75	5.25 + L
	10. Removable acrylic retainer	3	1.75	5.25 + L
	11. Observation and activation appointments			
	a. office visit for observation, adjustment and activation of removable appliances	1.0	1.75	1.75
	b. office visit for observation, adjustment and activation of fixed appliances	1.0	1.75	1.75
	c. office visit			
	(a) observation	.5	1.75	.8
	(b) observation and tooth guidance e.g. tooth reduction	1.0	1.75	1.75

TREATMENT

SERVICES	SERVICE	T	R	RVU
(A) Emergency Services (definition — demanding immediate attention)				
	Emergency treatment (palliative)	1.0	1.0	1.0

DENTAL SERVICES

TREATMENT (cont'd) SERVICES	SERVICE	T	R	RVU
	Emergency endodontic treatment (including examination and diagnosis)	2	1.25	2.5
	Removal of carious lesions and dressing	1.5	1.25	1.8
	Examination and diagnosis of injuries to the teeth and supporting structures (treat- ment not included)	1	1.25	1.25
	Emergency treatment requiring sutures	2.0	1.25	2.5
	Professional visits to bedside			
	(a) examination and diagnosis	2.0	1.25	2.5
	(b) including palliative treatment	3.0	1.0	3.0
(B) Surgical Services				
	Surgical removal of erupted teeth			
	(a) single tooth	1.5	1.25	1.8
	(b) each additional tooth (in same quadrant)	.5	1.25	.6
	(c) including surgical flap technique	2.0	1.75	3.5
	Surgical removal of impacted teeth (using local anaesthesia)			
	(a) partial bone coverage	3.0	1.75	5.25
	(b) complete bone coverage	4.0	1.75	7.0
	Frenectomy	3.0	1.75	5.25
	Post-operative treatment (each visit)	.5	1.25	.6
(C) Periodontal Services				
	(a) Non-surgical			
	Displacement dressing (packing)	1.0	1.25	1.25
	Removal of calculus			
	(1) supragingival	1.0-1.5	1.25	1.25-1.8
	(2) subgingival	1.5-2.5	1.25	1.8-3.1
				per quadrant
	Occlusal adjustment — see preventive services			
	Splinting (Provisional)—ligation	2.0	1.5	3.0
	(b) Surgical			
	(a) reduction of periodontal pockets e.g. gingivec- tomy, curettage			
	(b) recontouring of periodontal tissues e.g. gingivoplasty, osteoplasty	total 5.0	1.75	8.75
				per quadrant

DENTAL SERVICES

TREATMENT (cont'd)

SERVICES	SERVICE	T	R	RVU
----------	---------	---	---	-----

(D) Endodontic Services—single rooted tooth

Appt. 1	Extirpation of pulp			
	Bacterial culture			
	Dressing	2T		
Appt. 2	Preparation of canal			
	Culture			
	Dressing	3T		
Appt. 3	Fitting point, P.A.			
	X-ray			
	Alteration of Canal			
	Dressing	3T		
Appt. 4	Obliteration of canal	2T		
	Total T =	10T	10.0	1.5
Appt. 5	Observation			15
	appointment	1T	1.0	1.5
			2.0	1.25
Pulpotomy				2.5
Pulp capping			.75	1.5
				1.1

(E) Restorative Services

(a) Treatment of dental caries
amalgam restoration

Consideration had been given here to possibly reducing the "T" factor for primary teeth but this reduction in the "T" factor would be nullified by an increase in the "R" and patient difficulty problem and therefore the RVU for the two dentitions remains the same.

Amalgam restorations (secondary & primary)

One surface	1.0	1.0	1.0
Two surface			
(uncomplicated)	1.5	1.0	1.5
Three surface			
(uncomplicated)	2.5	1.0	2.5
Reinforced amalgam alloy restorations (pins)	2.0	1.75	3.5
Silicate cement & direct resin restorations	1.5	1.0	1.5
Inlays (including veneers, uncomplicated)			
One surface	5.0	1.5	7.5 +L
Two surface	6.0	1.5	9.0 +L
Three surface	7.0	1.5	10.5 +L

DENTAL SERVICES

TREATMENT (cont'd)

SERVICES	SERVICE	T	R	RVU
	Veneers (same as three surface) Inlays or veneers involving pins add 1 extra T	+1.0	1.75	+1.75 +L
	Gold Foil			
	Class 1	6.0	1.5	9.0
	Class 5	6.0	1.5	9.0
(b)	Extensive restoration of teeth			
	Crowns (uncomplicated)			
	Cast gold crown	9.0	1.5	13.5 +L
	Cast gold crown — acrylic veneer	9.0	1.5	13.5 +L
	Acrylic crown	9.0	1.5	13.5 +L
	Porcelain veneer over metal base	9.0	1.75	15.75 +L
	Complete porcelain crown	10.0	1.5	15.0 +L
	Cast metal post and coping (in addition to crown)	3.0	1.5	4.5 +L
	Stainless steel	3.0	1.5	4.5
	Fixed bridge restoration		1.75	+L
	Attachments the same RVU as listed under crowns or inlays, plus laboratory cost for pontics. It is assumed that the general and specific adjustments of occlusion have been taken care of with a separate fee.			
	Splinting (permanent) with soldered attachments — same as fixed bridge restorations			
	Recementation			
	Inlay	1.0	1.0	1.0
	Crown	2.0	1.0	2.0
	Bridge	2.0	1.5	3.0
	Repairs			
	Replacing fractured facing			
	(a) Backing intact	3.0	1.25	3.75 +L
	(b) Acrylic (processed)	3.0	1.25	3.75 +L
(F)	Prosthetic Services			
	Dentures			
	Complete upper denture or lower denture	13.0	1.5	19.5 +L

DENTAL SERVICES

TREATMENT (cont'd) SERVICES	SERVICE	T	R	RVU
	Complete upper and lower dentures	26.0	1.5	39.0 +L
	Denture adjustments (after 3 months from insertion)	1.0	1.0	1.0
	Partial dentures			
	Partial upper or lower denture	12.0	1.25	15 +L
	Provisional partial denture	3.0	1.25	3.75 +L
Repairs (denture-acrylic)				
	Repairing denture fracture (no teeth involved)			
	Complete impression required	2.0	1.25	2.5 +L
	Complete impression not required	1.0	1.25	1.25 +L
	Repairing denture fracture with fractured teeth			
	Complete impression required	2.0	1.25	2.5 +L
	Complete impression not required	1.0	1.25	1.25 +L
	Replacement fractured teeth (no impression required)			
	1st tooth	1.0	1.25	1.25 +L
	Each additional tooth	1.0	1.25	1.25 +L
	Replacement of clasp on denture, clasp intact			
	Complete impression required	2.0	1.25	2.5 +L
	Replacement of clasp on denture, with new clasp			
	Complete impression required	2.0	1.25	2.5 +L
Relining				
	Reline — complete or partial denture	3.0	1.25	3.75 +L
	Reline — self curing resin	3.0	1.25	3.75
Rebasing				
	Rebase — all new denture material	3.0	1.25	3.75 +L

Conclusion

The application of the relative value system of fee determination eliminates many of the obvious inequities in the present fee schedules. The determination of fees by this system would show, the sub-committee believes, that

DENTAL SERVICES

the dental profession has matured enough that it can now present a scientific basis for fee determination and thereby is within reach of a position where the practitioner can justify the value of dental services. The profession would be able to render good, adequate, dental service at a fee that is just to the patient and adequately remunerate the practitioner for his services.

The teaching of the principles of a relative value system in dental faculties, without mentioning dollars or money, could prepare the undergraduate to cope with the problems of fee determination when, as he commences practice, he must face all the variable factors mentioned in the proceedings of the sub-committee. This relative value system, if made known to the graduate as well, would help to preserve the integrity of the profession and the mediation committees across the nation could be spared some of the unpleasant controversies they must arbitrate.

The sub-committee feels sufficiently enlightened, as a result of its studies, that it is willing to go so far as to say that if any group supplying dental services established a fee schedule without relating fees to some of the basic principles found in a relative value fee system then that fee would not justly be a scientifically determined fee but a charge determined mostly by local or regional custom. Such fees will show inequalities and inaccuracies that are extremely difficult to justify. On the other hand, the relative value system presents areas of difference with past traditions that require the practitioner to revalue his past way of thinking and to take a new look at his mode of practice.

Respectfully submitted,

R. C. Freeman
W. W. Pressey
R. A. Clappison — Chairman
Sub-committee

December, 1963.

Bibliography:

- (1) "Developing a Relative Value Fee Schedule" — Mrs. B. Isabel Brown.

Appendix C

REFERENCE LIST OF SERVICES

In December, 1963, during a Dental Services Committee meeting, a motion was passed stating, "That the sub-committee on fees be instructed to conduct a survey on the services to be performed, with consistent nomenclature, with the objective of creating a model list of services".

The need for a comprehensive list of dental services consisting of accurate and adequate terminology is necessary for effective communication in the profession of dentistry. The advent of prepayment plans, whether administered by professional organizations, government agencies or commercial carriers, indicated the urgent need for the development of such a list. Indeed,

as far back as 1961, when the sub-committee on fees was developing a Relative Value System, it became very aware of a lack of a complete and organized list of services in the various fee schedules and guides. The sub-committee has spent a great deal of effort and numerous hours in the development of this list. The original draft, completed in late January of this year, was sent out for evaluation to dental schools, corporate bodies, specialty groups and interested parties. These lists, due for return by April 1st, 1964, were then reviewed and the resulting revisions, deletions, and additions were made in time for consideration by the Board of Governors of the C.D.A. at the 1964 Annual Meeting.

A few salient points must be taken into consideration before an evaluation of this list is commenced. At the beginning of the development of this list and its concomitant terminology, the members of this sub-committee unanimously agreed to the following:

1. that the list of services be systematically arranged.
2. that sound principles were to be used for the selection of an accurate and adequate terminology.
3. that the *effective* use of terminology was more important than the "correct" use of it.
4. that the terminology must be factually meaningful i.e. consistent with the facts.
5. that the terminology adequately achieve *precision* as much as possible.
6. that the mechanical correctness (grammar) of the terminology be secondary to its significance and validity.

In essence, the principles guiding the evaluation of the terminology, both current and revised, were those of

- (a) Clarity or Precision
- (b) Validity or Factually Meaningful
- (c) Organization.

An effort was made to achieve, within limitations of course, a clear, organized, unified, and valid list of services and terminology — i.e. representing the same thing for most of the people interested in this list and terminology.

The developed list, in its entirety, is a list of services and not an outline for a fee schedule. A few of the returned lists were difficult to evaluate because of a lack of definition between these two issues and therefore some of the revised material was not acceptable according to the principles mentioned above.

Continued differentiation had to be made between a *service* and a *technique utilized in the performance of a service*. The sub-committee decided that it would not elaborate on techniques. For example, the construction of a removable partial denture is a specific service but to mention the method or material of construction would be a description of technique.

Considerable difficulty was encountered in attempting to define the limitation of a service with respect to the terminology used, e.g. "Prophylaxis".

DENTAL SERVICES

The sub-committee spent considerable time discussing the suggestions made on the returned lists but unfortunately some of the suggestions were not utilized because the sub-committee felt that, due to the lack of comments and details supplied by the person proposing the revision, many of the alterations were without explanation or qualification.

GENERAL OUTLINE

DIAGNOSTIC SERVICES

PREVENTIVE SERVICES

TREATMENT SERVICES

- A. EMERGENCY SERVICES
- B. SURGICAL SERVICES
- C. PERIODONTIC SERVICES
- D. ENDODONTIC SERVICES
- E. RESTORATIVE SERVICES
 - 1. Treatment of Dental Caries
 - 2. Extensive Restoration of Teeth
- F. PROSTHETIC SERVICES
- G. ORTHODONTIC SERVICES
- H. ADDITIONAL SERVICES

DIAGNOSTIC SERVICES

Clinical Oral Examination

- (a) General
- (b) Specific

Recording History and Charting

Interpretation of Radiographs

Diagnostic Models

Diagnostic Models (Mounted)

Medication for Diagnostic Purposes

Treatment Plan

Treatment Presentation

- Consultation
 - (a) With Patient
 - (b) With Members of Profession

- Biopsy
 - (a) Soft Tissue
 - (b) Hard Tissue

Cytological Examination

Bacterial Examination (Culture)

- Pulp Tests
 - (a) General (complete)
 - (b) Specific (local)

- Radiographs
 - 1. Single Periapical Film
 - 2. Additional Periapical Films (up to and including a total of 7 films)
 - 3. Complete Series Periapical Films including Bite-Wings

4. Single Bite-Wing Film
5. Posterior Bite-Wing Films
6. Occlusal Film (a) Mandibular
(b) Maxillary
7. Extraoral Radiographs
(a) Right lateral
(b) Left lateral
(c) Posterior-anterior
8. Cephalometric Radiographs
(a) Right lateral
(b) Left lateral
(c) Posterior-anterior
(d) Anterior-posterior
(e) Right oblique
(f) Left oblique
9. Temporomandibular Joint

PREVENTIVE SERVICES

Prophylaxis, scaling and polishing (deciduous dentition)

Prophylaxis (permanent dentition)

- (a) Scaling
- (b) Polishing

Occlusal Adjustment

- (a) General (complete dentition)
- (b) Specific

Oral Hygiene Instruction (oral physiotherapy)

- (a) Brushing
- (b) Massaging
- (c) Embrasure Cleansing

Diet Analysis and Recommendations

Dental Caries Susceptibility Tests

Finishing Restorations (including refinement of marginal ridges and occlusal surfaces)

Interceptive Orthodontics

1. Habit Inhibiting e.g. Tongue thrusting, thumb sucking, lip biting
 - A. Appliance Therapy
 - (a) Removable
 - (b) Fixed
 - B. Exercise Therapy
 - e.g. Mouth Breathing
 - Abnormal Swallowing
 - Tongue Thrusting
2. Space Maintaining
 - A. Removable Appliances
 - (a) Unilateral Acrylic
 - (b) Bilateral Acrylic

DENTAL SERVICES

- B. Fixed Appliances
 - (a) Cast Crown, Band, etc.
 - (b) Soldered Lingual Arch
- 3. Space Regaining
 - (a) Intraoral
 - (b) Extraoral — Head Gear
- 4. Cross-bite Treatment
 - A. Removable Appliance Therapy
 - (a) Anterior Cross-bite — e.g. Incline Guide Plane
 - (b) Posterior Cross-bite — e.g. Incline Guide Plane
 - B. Fixed Appliance Therapy
 - (a) Anterior Cross-bite — e.g. Finger Spring Type
 - (b) Posterior Cross-bite — e.g. Band, Elastic Type
- 5. Dental Arch Expansion Treatment
 - A. Removable Appliance Therapy
 - B. Fixed Appliance Therapy
- 6. Office Visit
 - (a) Observation — tooth movement, position, etc.
 - (b) Observation and Tooth Guidance — e.g. tooth reduction
 - (c) Observation — adjustment, activation, etc., of removable appliance
 - (d) Observation — adjustment, activation, etc., of fixed appliance

TREATMENT SERVICES

A. EMERGENCY SERVICES

Emergency Treatment (palliative)

- (a) Teeth
- (b) Supporting structure

Emergency Endodontic Treatment (including examination and diagnosis)

Examination and Diagnosis of Injuries to the Teeth and Supporting Structures (treatment not included)

Removal of Carious Lesion(s) and Dressing

Emergency Treatment

- (a) Requiring sutures
- (b) Requiring debridement and sutures
- (c) Requiring debridement, sutures, and other surgical procedures

Post-operative Treatments

Professional Visits to Bedside

- (a) Examination and diagnosis
- (b) Including palliative treatment

B. SURGICAL SERVICES

Surgical Removal of Erupted Teeth

- (a) Single tooth
- (b) More than one tooth in same quadrant
- (c) Requiring surgical flap

Surgical Removal of Impacted Teeth

- (a) Soft tissue coverage
- (b) Partial bone coverage
- (c) Complete bone coverage

Surgical Removal of Residual Roots

- (a) Soft tissue coverage
- (b) Bone tissue coverage

Frenectomy*

Frenoplasty*

Post-operative Treatment

Alveolectomy — per quadrant

- (a) Dentulous
- (b) Edentulous

Alveoloplasty — per arch

Removal of Torus

- (a) Palatal
- (b) Mandibular

Excision of Hyperplastic Tissue — per arch

**Intraoral Incision and Drainage of (a) Abscess
(b) Cyst**

Extraoral Incision and Drainage of Abscess

Excision of Pericoronal Gingiva

Sialolithotomy: removal of salivary calculus intraorally

Sialolithotomy: removal of salivary calculus extraorally

Closure of Salivary Fistula

Dilation of Salivary Duct

Excision of Benign Tumour

- (a) Soft tissue
- (b) Bone tissue
- (c) With bone graft

Excision of Malignant Tumour

- (a) Soft tissue
- (b) Bone tissue
- (c) With bone graft

Transplantation of

- (a) Tooth
- (b) Tooth bud

Incision and Removal of Foreign Body from Soft Tissue

Removal of Foreign Body from Bone (independent procedure)

**Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign
Body**

Closure of Intraoral Fistula

Excision of Cyst (under 2 cm.)

Excision of Cyst (over 2 cm.)

DENTAL SERVICES

- Sequestrectomy (for osteomyelitis or bone abscess)
- Temporomandibular Joint
 - (a) Condylectomy
 - (b) Meniscectomy
- Injection of Medication
- Crown Exposure for Orthodontic Treatment
 - (a) Soft tissue coverage
 - (b) Bone tissue coverage
- Treatment of Trigeminal Neuralgia by Injection into Second and Third Divisions
- Treatment of Simple Fracture of Maxilla
 - (a) Open reduction method
 - (b) Closed reduction method
- Treatment of Compound or Comminuted Fracture of Maxilla
 - (a) Open reduction method
 - (b) Closed reduction method
- Treatment of Simple Fracture of Mandible
 - (a) Open reduction method
 - (b) Closed reduction method
- Treatment of Compound or Comminuted Fracture of Mandible
 - (a) Open reduction method
 - (b) Closed reduction method
- Treatment of Malar (Zygomatic) Fracture, Simple Closed Reduction
- Treatment of Malar (Zygomatic) Fracture, Simple, or Compound Depressed, Open Reduction
- Treatment of Fracture of Condyle
 - (a) Open reduction method
 - (b) Closed reduction method
- Treatment of Dislocation of Mandible
- Treatment of Luxation of Mandible (uncomplicated)
- Surgical Treatment of
 - (a) Prognathism
 - (b) Retrognathism
 - (c) Apertognathism
- Palatoplasty
 - (a) Partial Cleft
 - (b) Complete Cleft
 - (c) Anterior Palatal Defect Only
- Treatment of Fracture of Alveolus
- Ridge Extension

C. PERIODONTIC SERVICES

Non-surgical

- Displacement Dressing (packing)
- Removal of Calculus (scaling)
 - (a) Supragingival
 - (b) Subgingival
 - (c) Polishing including removal of bacterial and mucinous plaques

Treatment of Temporomandibular Joint Disorder

Treatment of Periodontal Abscess and Pericoronitis
(possibility of surgical service)

Treatment of Acute Oral Infections

(a) Necrotic Gingivitis

(b) Herpetic Stomatitis

(c) Aphthous Stomatitis

(d) Other acute forms of Gingivitis or Stomatitis

Desensitization of Tooth Surface

Maintenance Care

(a) Re-examination

(b) Re-evaluation of oral status

(c) Provision of Maintenance Therapy (scaling, occlusal adjustment, review oral hygiene, etc.)

Root Planing

Splinting (provisional)

(a) Removable

(b) Fixed

Periodontal Prosthesis

Minor Tooth Movement

Surgical

Gingival Curettage

Gingivoplasty

Gingivectomy

Gingivectomy with Osteoplasty

Gingivectomy with Curettage

"Flap" Surgery with Osteoplasty

"Flap" Surgery with Curettage

Mucogingival Surgery

(a) Apically Repositioned Flap

(b) Lateral Sliding Flap

(c) Frenectomy*

Post-operative Treatments

D. ENDODONTIC SERVICES

Exposed Pulp Treatment (capping)

Pulpotomy (Deciduous Tooth)

Pulpotomy (Permanent Tooth)

Emergency Endodontic Procedures

Treatment of Traumatized Tooth

(a) Not involving the pulp

(b) Involving the pulp

(c) With root fracture

(d) With partial luxation

Emergency Occurring During Treatment of Tooth

DENTAL SERVICES

General Endodontic Procedures

Preparation of Tooth for Treatment

Endodontic Procedures Not Involving Periradicular Surgery

- (a) Pulpectomy
- (b) Biomechanical Preparation of Root Canal
- (c) Chemotherapeutic Treatment of Root Canal
- (d) Bacteriological Test(s) for Sterility
- (e) Obliteration of Root Canal
- (f) Mummification of the Pulp

Endodontic Procedures Involving Periradicular Surgery

- (a) Apical Curettage
- (b) Root Resection
- (c) Root End Filling

Endodontic Procedures Involving Other Types of Surgery

- (a) Hemisection
- (b) Tooth Replantation

Post Treatment Care

- (a) Post-surgical Care
- (b) Treatment of Complications Following Surgery
- (c) Clinical and Radiographic Examination of Treated Tooth

Bleaching of Endodontically Treated Tooth

E. RESTORATIVE SERVICES

1. *Treatment of Dental Caries*

Amalgam Restorations

Deciduous Dentition

- One Surface
- Two Surface
- Three Surface

Permanent Dentition

- One Surface
- Two Surface
- Three Surface
- More than Three Surfaces

Reinforced Amalgam Restorations (pins)

Silicate Cement Restorations

- Class III and IV
- Class V
- Class IV Reinforced Silicate Cement Restoration (pins)

Direct Resin Restorations

- Class III and IV
- Class V
- Class IV Reinforced Direct Resin Restoration (pins)

Gold Inlay Restorations

One Surface

Class I

Class V

Two Surface

Three Surface

Inlays with Retentive Pins

Fused Porcelain Inlay

Gold Foil Restorations

Class I

Class II, III and IV

Class V

2. *Extensive Restoration of Teeth*

Crowns

Partial Veneer Crown

Partial Veneer Crown with Direct Resin or Silicate
Cement Veneer

Partial Veneer Crown with Retentive Pins

Cast Crown (Gold)

Cast Crown (Acrylic Veneer)

Acrylic Crown

Porcelain Veneer with Metal base

Complete Porcelain Crown

Cast Metal Post and Coping (in addition to crown)

Stainless Steel Crown

Provisional Crown (protective dressing)

Fixed Bridge Restorations

Splinting (permanent)

Occlusal Rests

Removal of (a) Inlay

(b) Crown

(c) Fixed Bridge Restoration

Recementation of

(a) Inlay

(b) Crown

(c) Fixed Bridge Restoration

Repair of Fixed Bridge Restoration

Replacing Fractured Facing

(a) Backing Intact

(b) Acrylic-processed

Complete Dental Rehabilitation

A. Evaluation of

(a) Radiographs

(b) Mechanical devices for reproduction of
Temporomandibular Joint function

(c) Articulated models

DENTAL SERVICES

- B. Additional services
Those not included in the previous list of restorative services e.g. Maxillary and Mandibular
“Custom clutches”

F. PROSTHODONTIC SERVICES

Dentures

Complete Maxillary and/or Mandibular Denture(s)

Partial Dentures

Partial Maxillary and/or Mandibular Denture(s)

(a) Clasp attachments

(b) Precision attachments

Provisional Removable Partial Denture

Denture Adjustments

(a) Denture Base

(b) Denture Occlusion

Obturator

Stress Breaker

Denture Repairs

Repairing Denture Fracure (no teeth involved)

(a) Complete Impression required

(b) Complete Impression not required

Repairing Denture Fracture with Fractured Teeth

(a) Complete Impression required

(b) Complete Impression not required

Replacement of Fractured Teeth

Replacement of Clasp on Denture

(a) Clasp Intact — complete impression required

(b) New Clasp Required — complete impression required

Denture Relining (complete or partial denture)

(a) Tissue Reconditioning

(b) Processed

(c) Self Polymerizing

Denture Rebasing (using new denture base material)

Maxillofacial Prosthesis

G. ORTHODONTIC SERVICES

1. Diagnostic Phase — as per Diagnostic Services
2. Treatment Phase
 - (a) Extreme malocclusions requiring comprehensive orthodontic therapy involving both mandibular and maxillary arches. (Complete Banding)
 - Angle Classification:
 - (1) Class I Malocclusions
 - (2) Class II, Division I, Malocclusions
 - (3) Class II, Division II, Malocclusions
 - (4) Class III Malocclusions

- (b) Moderate Orthodontic therapy involving the mandibular or maxillary arch
- (c) Malocclusions not requiring complete banding
- (d) Individual Tooth Movement

H. ADDITIONAL SERVICES

Anaesthesia Services

- 1. Local Anaesthesia
- 2. General Anaesthesia for Conservative Dental Procedures
- 3. General Anaesthesia for Oral Surgical Procedures
- 4. Oral Sedation as an Adjunct to Local Anaesthesia
- 5. Intravenous Sedation as an adjunct to Local Anaesthesia
- 6. Inhalation Analgesia

Hospital Dental Services

Professional Visits after Normal Office Hours

Drug Therapy

- (a) Prescribed
- (b) Dispensed
- (c) Administered

Protective Appliance — Athletic

Implant Dentures

It is hoped that the efforts of the undersigned committee members will contribute to a more effective communication between all those interested in the provision of dental services.

Respectfully submitted,

R. C. Freeman,

W. W. Pressey,

R. A. Clappison, Sub-committee Chairman

*denotes a word or words that the sub-committee realized does not agree with the accepted terminology or style of the *Journal* of the C.D.A. but for reasons of effectiveness these words were retained.

Bibliography

Current Medical terminology — 1964 — American Medical Association

Dentists Handbook of Office and Hospital Procedures — Levy

The Vocabulary of Dentistry and Oral Science — Denton —
American Dental Association

Current Clinical Dental Terminology — Boucher

Black's Medical Dictionary — A. and C. Black

The Concise Oxford Dictionary — Oxford Press

PERCENTAGE DISTRIBUTION AND AVERAGE
TREATMENT PRIORITY JUDGEMENT SCORES
FOR 12 YEAR OLD CHILDREN IN ORANGEVILLE
AND BURLINGTON

Priority Score	Orangeville n = 73	Burlington	
		control group n = 214	serial treatment n = 250
	%	%	%
9.0 - 9.9	0	1.0	0
8.0 - 8.9	1.4	5.6	0.8
7.0 - 7.9	6.9	8.9	0.8
6.0 - 6.9	13.7	8.9	1.2
5.0 - 5.9	17.8	7.5	4.4
4.0 - 4.9	12.3	10.3	5.6
3.0 - 3.9	13.7	20.1	12.4
2.0 - 2.9	17.8	15.9	19.3
1.0 - 1.9	11.0	13.1	21.3
0 - 0.9	5.5	8.7	34.4
Average	3.63	3.53	1.97
Standard Deviation	2.09	2.38	1.48

Note: Public Health interpretation of priority score

10 worst possible case

7 treatment very seriously needed

5 definite abnormality but treatment may be optional

3 definite abnormality but treatment not required

0 ideal occlusion

COMMENT AND ACTION

1-7. Information.

8. Approved.

9. Approved. We commend Dr. Yule for his effort.

10-12. Whereas it is desirable that the profession develop an acceptable method for the determination of equitable fees, and

EXECUTIVE: *P. E. Currie, Chairman, London; D. L. Rife, Secretary, Toronto.*

REPORT

1. The first formal meeting of the National Executive Council of the Section was held in conjunction with the Canadian Dental Association — Ontario Dental Association meeting in Toronto in May 1963. Representatives from Ontario, Alberta and Manitoba attended. During the course of business the Council:

- (a) Appointed Dr. D. L. Rife, Toronto, Executive Secretary-Treasurer.
- (b) Elected Dr. P. E. Currie, London, Chairman for 1963-64.
- (c) Formally accepted resolutions for the formation of Chapters by Alberta, Manitoba and Ontario.
- (d) Confirmed the growth and overall membership with the following approximate figures: Alberta 70, Manitoba 30, Ontario 145.
- (e) Amended Article 4 (Membership) of the Constitution of the Section to include a "Membership-at-Large" category for those areas where Chapters have not already been formed. (See report of Council on Constitution and By-laws.)
- (f) Referred to the three Chapters the present terms of reference for an award to undergraduate students in Canadian universities for possible expansion or alteration.
- (g) Referred to the three Chapters a "National Standard of Dental Health Care for Children" project for study and future reporting.

2. On behalf of the Section the Executive Secretary-Treasurer:

- (a) Attended several meetings of the Canadian Conference on Children.
- (b) Was appointed a member of a National Fluoridation Committee of the Health League of Canada.
- (c) Consulted with Council members and drafted a reply for the "Outline on Dental Services" received from the Dental Services Committee of the Canadian Dental Association.

3. In general accord with "A Study of CDA-Section Relations" (CDA Transactions 1963:75):

- (a) The Alberta Chapter has arranged a one day meeting (Sunday June 28) in conjunction with the 1964 Canadian Dental Association convention in Edmonton.
- (b) Dr. Roberta P. Dundass, Montreal, has been appointed to co-ordinate the convention activities of the section with the 1965 convention committee of the Canadian Dental Association.
- (c) Dr. R. A. I. Epstein, Halifax, has been appointed to coordinate the convention activities of the section with the 1966 convention committee of the Canadian Dental Association.

4. The Ontario Chapter held its 1964 annual meeting in Toronto on Saturday May 9.

5. A British Columbia Chapter, representing 36 members, has been formed with Dr. Gordon M. Jinks as chairman.

DENTISTRY FOR CHILDREN

6. The National Executive Council now consists of:
P. E. Currie, London, Chairman.
D. L. Rife, Toronto, Executive Secretary-Treasurer.
W. H. Feasby, Winnipeg.
L. Melosky, Steinbach, Manitoba.
E. F. Allison, Calgary.
E. C. Stang, Edmonton.
E. R. W. Bilkey, Toronto.

COMMENT AND ACTION

1. Noted as information with commendation for progress.
2. Information.
3. Noted with commendation and appreciation of the efforts of all concerned with this project.
- 4-6. Information.

We recommend the adoption of the report of the C.D.A. Section on Dentistry for Children.

APPROVED

REPORT

1. Five reports are prepared and published annually by the bureau. These are:
 - Average Income of Canadian Dentists;
 - Applicants and Applications to Canadian Dental Schools;
 - Dental Students' Register;
 - Dental Personnel in Canada;
 - Fluoridation in Canada.
2. For the fourth year, the study of the longevity and mortality of dentists was continued. All provinces from which information has been requested have co-operated in supplying us with the necessary data.
3. The bureau is responsible for the administration of the Headquarters Staff Dental Plan. An interim report on the plan's operation during 1963 was presented to the Dental Services Committee. The final 1963 report is appearing in the July edition of the Dental Economics Newsletter. Twenty-three of the 26 employees, wives and children covered by this plan received dental services in 1963. The total cost of their dental care was \$1,622. Of this, the Canadian Dental Association paid \$1,089 — \$84 for each employee eligible for services. The average cost per person receiving dental treatment was \$71.
4. At the November meeting of the National Recruitment Committee, a progress report on the placement of dentists was presented. This report consisted of a list of factors which should be examined to determine the ability of an area to support a dental practice. The list will be revised and consolidated before the committee's next meeting.
5. The director attended and presented reports to the Secretaries' Conference in Montreal and to the meetings of the Dental Services Committee and the Council on Education. At the request of a subcommittee of the Executive Council, a study of salary schedules for dentists and physicians employed by federal, provincial and local governments was conducted and reported on at meetings of the Executive Council and the Council on Public Health.
6. The Dental Economics Newsletter has been published each month and distributed free of charge to about 115 members of the association. The newsletter contains items on dental and health economics in Canada and other countries and lists recent publications in this field that can be borrowed from the C.D.A. library.
7. The director attended the joint meeting of the Canadian and American Dental Associations in Chicago last September. The day preceding the meeting was spent at A.D.A. headquarters as the guest of the Director of the A.D.A. Bureau of Economic Research and Statistics. The day was devoted to very worthwhile discussions on subjects of mutual interest to the two bureaux.
8. The director assisted the Steering Committee in preparing the Brief to the Special Committee of the Senate on Aging and, at the committee's direction, wrote the first draft of the brief.

BUREAU OF ECONOMIC RESEARCH

9. An inventory of dentists was prepared in 1963. It includes tables giving the number of dentists by:

- province according to city size;
- province according to county with dentist/population ratios by county;
- province according to age;
- region according to age and birthplace;
- region according to age and year of graduation.

10. Preparations for the 1963 Survey of Dental Practice have been going on since last fall. The questionnaire and letters pertaining to the survey were revised and a draft of the necessary machine tabulations was prepared. Three data processing firms have been asked to bid on the job of tabulating the survey returns. It is planned to publish the survey in 12 parts containing about 100 tables.

11. The response to the survey has been very gratifying. By the 15th of May, 2, 634 dentists — 43 per cent of all dentists surveyed — had returned their questionnaires. This is the highest percentage response received by a Survey of Dental Practice. Much credit goes to members of the board, the secretaries of the corporate members and the presidents and the secretaries of local societies, who have done so much to encourage co-operation with the survey in their areas.

12. In the four years since its establishment, the work of the Bureau of Economic Research has expanded so that it is no longer possible for one person to meet all demands made upon the bureau. This problem is being met by following the direction given to the bureau by the Board at the 1960 Annual Meeting:

“Where it becomes necessary to assign priorities to projects to be undertaken we recommend that such priorities be established by the director in consultation with the secretary of the association.”

COMMENT AND ACTION

1. Informative.
2. Noted with satisfaction.
3. Progress is observed with interest.
4. Informative.
5. Noted with approval.
6. Noted with commendation — much worthwhile background information is provided through this publication.
7. Noted with interest.
8. Noted with commendation.
9. Informative.
10. Noted with approval.
11. Noted with satisfaction.
12. Noted with approval.

We recommend the adoption of the report of the Bureau of Economic Research.

APPROVED

MEMBERS: *J. P. Lussier, Chairman, Montreal; J. McCutcheon, Montreal, T. J. Cooke, Winnipeg; C. E. Dexter, Halifax; J. W. Neilson, Winnipeg; O. J. Yule, Toronto; H. W. Reid, adviser, Toronto.*

REPORT

1. The Council on Education met at Canadian Dental Association headquarters on February 6-7, 1964. There were in attendance the members of Council, the deans of the dental faculties, the Canadian Dental Association headquarters executive staff and invited guests, among others. Dr. John Coady, assistant secretary of the American Dental Association Council on Dental Education and Mr. T. J. Ginley, director of the American Dental Association Council on Dental Education, Division of Educational Measurements.

2. *Dental Students' Register*

The data collected from the dental schools and schools of dental hygiene by the Bureau of Economic Research relative to students' enrolment, pre-dental education, residential distribution and education cost were reviewed and discussed. This material has been published since in the April issue of the Journal. In 1963-64 two dental schools were short of one student and one was short of six. The enrolment in the four classes has now reached 1,177. The percentage of female dental students remains constantly low, averaging less than 5%. With the opening of a new school of dental hygiene at the University of Manitoba, it is now possible to admit 99 students in the courses of dental hygiene. Five places were left unfilled last September.

3. *Cost of becoming a dentist*

The publication in 1963 of a report on "University Student Expenditure and Income in Canada" by the Dominion Bureau of Statistics has made the population of Canada more aware of the high cost of dental education. Mrs. I. Brown has analysed this report and brought several points to the attention of the Council. The average student spends more for a year at school (\$2,465) than any other student on the campus. Whether he lives at home or away from home, is married or single, his expenditures remain higher than any others. The medical student averages higher education costs on a yearly basis; this is the only item of expenditure where the dental student is topped by others.

National Dental Examining Board

4. Dr. Harold Beach, Registrar-Secretary of the National Dental Examining Board, reported in person on the actions taken at the last Board meeting. Changes were authorized in the format of examinations. Spring sessions will be held earlier. The use of the national examination as a conjoint examination for licensing purposes will be experienced at the end of the present academic year for the benefit of the College of Dental Surgeons of the Province of Quebec. The N.D.E.B. has appointed Dr. Malcolm Taylor, President of the University of Victoria, Victoria, B.C. as its commissioner to investigate the feasibility of conducting a system of final examinations between N.D.E.B., the approved dental schools and the provincial dental licensing agencies.

EDUCATION

5. In continuity with the wish already signified by the Council (Transactions 1963, 38:19) that complete information on examination results be directed to each of the dental schools and the Council on Education, it was moved that the general comments of the examiners be expressed on any weaknesses or inconsistencies apparent following each examination period. It is expected that they will help determine the nature and severity of the difficulties experienced by the students. These difficulties emerge in the course of examinations.

National Recruitment Committee

6. Dr. W. J. Dunn, chairman of the National Recruitment Committee presented his annual report (appendix A). Among other interesting points of the report, it should be underlined that the National Recruitment Committee in connection with the Bureau of Economic Research is working at a study on the selection of practice location.

7. The Council has agreed with the suggestion of the National Recruitment Committee to activate the recruitment of dental assistants in a more formal way. For this purpose printed material must be available.. It was decided to delegate to the Bureau of Public Information the responsibility to prepare a suitable monograph on dental assisting as a career.

8. Dr. G. T. Mitton has been appointed member of the committee as representative of the Ontario region and chairman for a three year term. Dr. D. C. Steeves has been reappointed for a second term of office as a member. The Council has expressed its appreciation to Dr. W. J. Dunn for his constant devotion and dynamic leadership of the recruitment committee since its inception.

Teaching Conference

The annual teaching conference sponsored by the Council on Education in 1964 was on the subject of Paedodontics. Dr. W. H. Feasby, head of the department of Paedodontics, Faculty of Dentistry, University of Manitoba, acted as chairman of the conference and presented his report which appears as appendix B. The valuable information contained in the report is referred to the teaching institutions and departments concerned for their help and guidance.

Future Teaching Conference

10. On several occasions the Council has been advised to urge the training of dental undergraduates in the participation of hospital dental services (Transactions 1962, 88:10 and 91:10, Hospital Services Committee 1963 Minutes, No. 264). The Council is certainly anxious to help streamline such a program in the dental schools along acceptable requirements, but not until the schools have fully evaluated the potential of their relationships with the institutions concerned and on the impact of what may become a major addition to the present curriculum. Therefore, the request to hold a conference on hospital dental service training has been tabled for the coming year. However, in order to stir action at this level, the Council adopted the following resolution: "... that the Council urges the dental schools to

review their action on this phase of the training with a view to helping Council in planning a conference on this topic in the near future".

11. In relation to the 1965 conference, the following resolution was adopted: "That the teaching conference to be held in 1965 immediately prior to the Council meeting be on the subject of Prosthodontics with Dr. Jean Nadeau, head of the department of Prosthodontics, Faculty of Dentistry, University of Montreal, as chairman".

12. *Survey of schools of dental hygiene*

At the request of the dean of the Faculty of Dentistry, University of Manitoba, the school of dental hygiene of this university will be visited for the purpose of approval of the program. The survey team of the Council consisting of A.C. Lewis and H. W. Reid will conduct this survey in January 1965.

13. *Survey of dental schools*

The tradition has now been strongly established to have the dental schools of Canada regularly visited by the survey team of the Council on Education every five years. The next survey is due for 1965-66. In order to make it as effective and informative as possible, and to bring the procedures in line with the policies set forth by the Council during the interval, a committee was appointed to review the survey activities and to prepare appropriate recommendations to be presented at the next Council meeting. The members of this committee are Dean R. G. Ellis, chairman, A. C. Lewis and T. J. Cooke.

U.S. Accreditation of Canadian schools of dental hygiene

14. According to the agreement established between the C.D.A. Council on Education and the A.D.A. Council on Dental Education in 1956, there is reciprocal accreditation by the two Councils when a school or program is accredited by one of them. As a result of the approval of the schools of dental hygiene at the University of Alberta and at Dalhousie University by the C.D.A. Council on Education in March 1963, the A.D.A. Council on Dental Education has accredited in April 1963 the program of dental hygiene at Alberta, Dalhousie and Toronto.

15. The Council has reviewed the list of programs of dental hygiene in U.S. institutions already and fully accredited by the A.D.A. Council on Dental Education and on account of this accreditation, they were then approved by the C.D.A. Council on Education.

16. *Liaison between schools of dental hygiene*

The schools of dental hygiene have increased in number at a fast rate: one to four within the last five years. Geographically they are spread a distance of 3,000 miles. The necessity of establishing close liaison between these institutions is strongly felt and it is obvious that better opportunities should be given to the directors of these schools to meet at intervals so that they are constantly aware of the situation from east to west. Recognizing that such a need exists, the Council on Education with the approval of the

EDUCATION

Executive Council will hold in 1964 a conference for the directors of schools of dental hygiene. Mrs. Janet Burnham was appointed chairman of this conference.

17. Training of dental assistants

Resolutions from the Auxiliary Services Committee (Transactions 1963, 2:13) and from the 1963 Secretaries' Conference urged the Council to state guiding principles which would permit a better coordination of the existing and future programs for training dental assistants and to congregate the directors of such programs as a first step toward the contemplated coordination. In a report submitted by Dean H. R. MacLean, the curricula of the three existing schools were analysed. These schools are located in Toronto, Edmonton and Vancouver. Notwithstanding the fundamental analogies which are manifest in the three programs there are striking differences with respect to admission requirements, emphasis on subjects and course content. In order to entice free and valuable discussion on the topic of dental assisting it was moved "that a meeting be convened under the chairmanship of Dr. H. R. MacLean to establish curriculum and minimum requirements for the training of dental assistants; the following to be invited to attend:

Directors of the training programs in Vancouver, Edmonton and Toronto;

Director of Education or his representative from each Ontario municipality concerned in the programs;

Chairman of the Council on Education;

Chairman of the Auxiliary Services Committee;

Representative of the Canadian Dental Nurses and Assistants Association;

with representatives from provinces carrying out informal programs given the opportunity to attend as observers at their own expense." The meeting will take place the coming fall at the C.D.A. Headquarters.

Aptitude testing

18. A final report on the study on aptitude testing has been presented by Dr. R. M. Grainger of the Faculty of Dentistry University of Toronto and Dr. J. Flowers, Ontario College of Education. This study was initiated five years ago (Transactions 1959, 82:6). A thorough analysis of the tests and records of the Faculty of Dentistry, University of Toronto, was undertaken from the standpoints of scholastic achievement, personality factors, drives and sentiments, abstract and mechanical reasoning, carving skill — etc. By using a wide choice of correlations between these factors, it was possible to make new observations and to draw more dependable conclusions. This report stresses that the purposes and usefulness of the aptitude tests are not to supercede the function of a selection committee but to supply it with better means to evaluate applicants in areas where prediction is hard to make on the sole ground of past academic achievement. Dr. Grainger has gone further than the A.D.A. testing system which uses only 11 scores. He has screened over 40 different marks and tests. The scoring of the applicants would permit prediction of the grand average in all examinations, academic and technical,

and to estimate clinical deportment based on technical ability and personality factors. It could also be useful to evaluate the potentialities of a student toward graduate studies, research career or the practice of a specialty. It would also be possible, according to the scores a student may get, to help him out of orientation or adaptation problems.

19. According to the authors, starting an aptitude testing program should not present any serious complication. A committee of two deans, Dr. Ellis and Dr. Wah Leung, has been appointed with Dr. Grainger and Mrs. Brown as consultants to look into the details of the matter and to bring recommendations relative to instituting an aptitude testing program. Dr. Grainger and Dr. Flowers were highly commended for their excellent work.

National Cancer Institute of Canada

20. Dr. C. H. M. Williams, representative of C.D.A. to the National Cancer Institute of Canada, reported in person on the conjoint activities of the two organizations especially in their efforts to implement a program of oral cancer detection through better and wider use of the oral cytological smears. The report is included as Appendix C.

21. The Council is greatly appreciative of the work done by Dr. Williams and his collaborators. It has asserted its endorsement of any action by Canadian dental schools implementing instruction of oral cytological smear techniques into their teaching programs.

22. U.S. Survey of Dentistry

It was understood that the study of the U.S. Survey of Dentistry would encompass not only the analysis of the report itself but also a follow-up of the reactions stirred by its recommendations in the different layers of the dental profession. This last stage has been covered. A review of the statements made by several organizations and individuals and published in the foremost dental publications was undertaken. Criticisms were expressed in terms of timing, emphasis and preference but the general feeling is that this report will receive the same recognition as those of similar nature which have preceded it and will be looked at for the years to come as the starting point of many positive programs. With the information gathered from the study of this report, the Council is in a position to study the report from the Royal Commission on Health Services.

23. Report to the American Association of Dental Schools

The chairman of this Council was invited to present a report on the Council's activities at the opening session of the House of Delegates of the American Association of Dental Schools in Los Angeles last March. The report as read on March 23, 1964, will appear in the 1964 Proceedings of the A.A.D.S. Previous to this meeting, the C.D.A. Council's activities were summarized briefly in the report of the chairman of the A.D.A. Council on Dental Education to A.A.D.S.

24. Budget

The Council approved the budget submitted to the Treasurer. It appears as Appendix D.

NATIONAL RECRUITMENT COMMITTEE

1. The National Recruitment Committee met at headquarters on November 4th, 1963. All members of the committee were present. In addition the committee benefitted from the contributions of Dean Jean Paul Lussier, Chairman of the Council on Education; Mr. C. E. Pierce, consultant from the Canadian Section of the American Dental Trade Association; Mrs. Donna Leslie, consultant from the Dental Hygienists' Alumnae Association of the University of Toronto; Mrs. B. I. Brown, Director of the Bureau of Economic Research; Dr. F. H. Compton, Editor; and, of course, our highly competent Secretary, Mr. K. L. Croft, Deputy Secretary of the Association. The committee observed a period of silence in respectful memory of an original member of the committee and a beloved past president of the Association, Dr. R. R. McIntyre.

2. *Regional Reports*

Each member reported on recruitment in his region or province and a fruitful exchange of ideas and opinions ensued. Results, as shown by applications to dental schools, emphasize that recruitment efforts are producing not just more applications but a higher quality of applicant. This fact is an important one to be enunciated because dentists frequently become apathetic about their recruitment responsibilities when they determine there are sufficient applications to fill the places available. It is important that dentistry receive its share of superior students. Too, it is apparent that a dental student who has exhibited better than average scholastic ability in high school is less likely to experience an academic mortality while a student in dentistry. It follows, then, that there should be no reduction in our efforts to recruit the best possible students for dentistry.

3. *Advertising*

The Committee arranged for the insertion of a page in the Annual Careers' Supplement of *Canadian High News* and was pleased with the response of prospective students tabulated for the period February 23 to October 10, 1963. Without attempting to segregate the replies according to the grade reached in school, the following indicates response by provinces:

Newfoundland	9
Prince Edward Island	1
Nova Scotia	24
New Brunswick	11
Quebec	33
Ontario	145
Manitoba	37
Saskatchewan	47
Alberta	45
British Columbia	42
Total	394

The committee reviewed two additional proposals to purchase space in order that a recruitment message might be directed to the student readers of these publications.. Expenditure of committee funds was authorized to provide publication in *Canadian High News*, which has nation-wide distribution, *School Careers Directory*, a bilingual reference book distributed across Canada, and *Vie Etudiante*, a French-language vocational guidance periodical.

4. *Film — Challenge of Dentistry*

It was reported last year that the American Fund for Dental Education had presented the Association with 15 colour prints of "Challenge of Dentistry", a film of high quality and suitable for general and dental audiences. One print was sent, by request, to the Alberta Dental Association. The previous decision of the committee to enter into a contract with a firm to promote the film has been well vindicated. In addition to promoting the use of the film, the firm stores, cleans, inspects and repairs the prints. The Association is billed \$15 for each television showing and \$3.00 for each group showing. (In September 1963, the latter charge was increased to \$4.00 because the firm now ships films prepaid.)

On television, the film was shown 22 times in the Yukon and all provinces except New Brunswick and Prince Edward Island. An estimated 331,800 viewers saw the film, representing a cost to the CDA of one tenth of a cent per viewer.

For group showings there were 41 bookings and 92 showings to 3,571 people in seven provinces, exceptions being Alberta, P.E.I. and Newfoundland. The cost per viewer in this case is about three cents. Total cost for 11 months of this service is about \$450. The committee budgeted \$750 for one year.

<i>Province</i>	<i>T.V. Showings</i>	<i>Group Bookings</i>
B.C.	7	2
Alberta	4	—
Sask.	1	6
Man.	2	3
Ont.	3	26
P.Q.	1	2
N.B.	—	1
N.S.	2	1
P.E.I.	—	—
Nfld.	1	—
	<u>22</u>	<u>41</u>

Of the 22 telecasts, 8 were in class A time, 13 in class B and 1 in class C.

5. *Science Fairs*

As originally recommended by the National Recruitment Committee, Canadian Dental Association awards at the annual Canada-wide science fair are no longer restricted to strictly dental projects. The Executive

EDUCATION

Council continues its support of the Canadian Science Fairs Council and the secretary of this committee continues as the association's representative.

6. *Placement of Dentists*

Following Council's agreement to augment the terms of reference of the National Recruitment Committee to include the placement of dentists, the Bureau of Economic Research was requested to undertake a study of the factors favourable to the support of a dental practice. The Director presented a progress report and an extensive list of factors to be considered in selecting a practice location. The list is to be revised and, by referring to the survey of recent graduates which is proceeding to completion, an order of priority of factors is to be prepared.

7. *Filmstrip*

Dean Ellis presented a progress report on the filmstrip project and received the committee's comments on new photographs and changes to the accompanying script. It is hoped that this project will be completed in 1964.

8. *Manual for Local Dental Societies*

It was agreed that copies of the American Dental Association recruitment manual should be distributed to the committee by mail to obtain their comments concerning development of a similar Canadian manual. It is anticipated that a draft of a manual for use in Canada may be reviewed at the next meeting of the committee.

9. *Scholarships and Bursaries*

The existing government bursary programs were reviewed briefly and it was agreed that the bursaries made available to dental students by provincial governments be listed and that this list become part of the recruitment kit. This information would also be available for institutions when they make request for it.

10. *Recruitment Reporter*

During the approximate year interval between meetings of the committee only one issue of the Recruitment Reporter appeared. The secretary expressed his regret at being unable to publish it more often. The committee agreed that this publication should be maintained even if only two or three times a year.

11. *Recruitment Information Kit*

The committee reviewed material contained in the kit and agreed it is very useful to provincial and local groups. The paperback book "Frontiers of Dental Science" is to be added to the CDA library and listed on the 'resource material' list in the kit.

12. *Dental Hygienists*

Mrs. Leslie reported on the formation of the Canadian Dental Hygienists' Association. Officers were elected at a meeting in May 1963 and the provisional constitution should be ready for approval at the next national meeting, in Edmonton, at the time of the CDA convention. Provincial

groups are being formed in Nova Scotia, Ontario and Alberta. Since the Dental Hygienists' Alumnae Association of Toronto, which Mrs. Leslie represented on this committee, has been absorbed by other groups, it was agreed that the national organization be invited to name a consultant to this committee in future.

13. *Dental Assistants*

The association has no literature dealing specifically with dental assisting as a career. Requests for this type of literature are received from time to time. Notwithstanding that the terms of reference of this committee limit its activities to university-trained dental personnel the committee does recommend to the Council on Education that a suitable pamphlet or monograph on dental assisting as a career be printed for distribution on request.

14. *Recruitment for Special Areas of Dentistry*

The committee considered if it had any responsibilities in respect of recruitment to any or all of the specialties or areas of limited practice in dentistry. After deliberation the committee agreed that such recruitment within the profession is not properly an activity to be undertaken by the National Recruitment Committee.

15. *Vocational Guidance Counsellors*

The committee agreed that more efforts could profitably be made by local committees to establish and maintain liaison with guidance officers of secondary schools and, in Quebec, the classical colleges. Names of Directors of Guidance Services were provided and each member of the committee was urged to make personal contact with the person or persons in his region and, in addition, encourage the local recruitment committee to work closely with such directors. In view of the apparent forthcoming creation of a Canadian Guidance Association it was agreed that the secretary of the committee be empowered to establish contact for the purposes of liaison.

16. *Committee Expenses for 1963.*

The committee expenses for 1963 totalled \$2,865, an amount \$135 under budget. An outline of these expenses follows:

Meeting				\$ 750
Publications (a)	Canadian High News	900		
	Vie Etudiante	200		
	Careers Directory	200	1.300	
		<u>200</u>		
(b)	Dentistry-Career Opportunities Unlimited	30		
	Dental Hygiene — A Career for Women	135		
	Advantages of Careers in Dentistry	100	265	1,565
Film distribution				550
				<u>\$2,865</u>

EDUCATION

17. *Budget*

The committee carefully reviewed the approved 1964 Budget and in view of the present necessity of replenishing stocks of resource material it is respectfully requested that Council permit an adjustment of the 1964 Budget to increase the present budgetary provision of \$1,500. for publications to \$2,365. This would have the effect of increasing the aggregate budget from \$4,500. to \$5,365.

The suggested 1965 Budget of the National Recruitment Committee is as follows:

Meetings	\$ 750
Publications	2,000
Films	250
Film distribution	750
Filmstrip	1,000
	\$4,750

18. In this my final report as a member of the National Recruitment Committee, I would be remiss if I did not express to the Council on Education my deep appreciation for the privilege I have been accorded in being permitted to serve as both member and chairman of this committee during the first three years of its existence. Because of the significant contributions of each member, both past and present, of this committee I believe, modesty aside, that the efforts expended have resulted in demonstrable benefits. May I wish for my successor the same rewarding experiences that have been mine to enjoy.

R. G. Ellis
J. A. Michaelson
G. Ratte
D. C. Steeves
Wesley J. Dunn, Chairman

APPENDIX B

CONFERENCE ON PAEDODONTIC EDUCATION

February 4-5, 1964

The first session opened at 9:00 a.m. with the following delegates from the Canadian Dental Schools in attendance:

Dr. C. R. Castaldi, University of Alberta
Dr. K. W. Davey, University of Toronto
Dr. G. H. Weinlander, McGill University
Dr. Georges Perreault, University of Montreal
Dr. I. C. Bennett, Dalhousie University
Dr. W. H. Feasby, Chairman, University of Manitoba

In addition Dean W. Leung of the University of British Columbia, Dean J-P. Lussier, University of Montreal; Dean J. McCutcheon, McGill

University; Dr. J. P. McGuigan, Dalhousie University; Dean H. R. MacLean, University of Alberta; and Dean J. W. Neilson, University of Manitoba were present and participated in the discussions.

Dr. D. W. Gullett, Secretary of the Canadian Dental Association, welcomed the delegates on behalf of the Board of Governors and the Council on Education and pointed out that this was the first conference held in the new wing of the recently completed CDA headquarters. The chairman asked Dr. Gullett to convey the thanks of the delegates to the Council on Education and the Board of Governors of the Canadian Dental Association for making this conference possible.

The delegates read reports that they had prepared on each of the seven topics that made up the agenda. The reports had been reproduced for distribution to each participant. Discussion followed each report from which conclusions and recommendations were developed. These conclusions and recommendations follow.

1. In view of the fact that one-third of our population are children and that there is an increasing emphasis on the dental problems of children, it was agreed that there must be adequate curriculum time to produce clinicians who can deal adequately with the dental problems found in children.

The profile of paedodontics was approved that could be applied either at the undergraduate or graduate level. The profile was described under the following headings:

- (a) Management of Behaviour
- (b) Restorative and Prosthodontic Procedures for the Dentitions Involved
- (c) Knowledge of and Skill in the Manipulation of Dental Materials
- (d) Anesthesia, Extractions, and Minor Oral Surgery
- (e) Root Surgery and Therapy for Teeth with Involved Pulp
- (f) Problems of Growth, Development and Health During Childhood
- (g) Dental Health Guidance

A description of each heading is provided in appendix B 1. The undergraduate program should produce an enlightened general practitioner of dentistry who will provide the bulk of paedodontic services that the youngest one-third of our population requires.

2. For the purposes of undergraduate education it was agreed that paedodontics should deal with problems of the immature dentition and include preschool children as well as traumatized permanent incisors and the appropriate malocclusion problems of the primary and mixed dentitions.
3. Since paedodontics is a horizontal classification of several clinical disciplines the undergraduate student should possess basic dental skills before entering the paedodontic department.
4. In order to better integrate basic science education in clinical paedodontics it was recommended that:

EDUCATION

- (a) The students should have contact with a child patient during the freshman year.
- (b) Teachers in basic science disciplines should be active in the paedodontic program.
- (c) Basic science education should be dentally oriented.
- (d) Paedodontic teachers, both part time and full time, should be kept current with basic science teaching if additional funds can be found.

It was suggested that preventive dentistry per se would become less necessary as integration became more successful.

- 5. It was noted that paedodontic preclinical laboratory courses at Canadian schools varied from 0-45 hours. Therefore it was not possible to determine the time required for such a program. However, it was agreed that there were techniques that were peculiar to paedodontics and therefore some preclinical laboratory instruction was necessary. It was suggested that it might be possible to combine some preclinical laboratory courses.
- 6. The National Dental Examining Board examinations were criticized because they showed a disproportionate emphasis on the component subjects. The increasing significance of paedodontics and orthodontics suggest that each requires more than one twenty-fourth of the written papers. The previous title of the pertinent paper, Paediatric-Dentistry, was preferred because the new title, Orthodontics & Preventive Dentistry (including all phases of paedodontics and public health dentistry), suggests that paedodontics is an after-thought.
- 7. In clinical teaching, grades are based on subjective assessments. However, if a sufficient number of criteria are utilized useful grades are produced. The greater the number of grades given, the greater the validity of the result. It is requested that the Council on Education give some attention to the improvement of grading and evaluation, especially in clinical teaching.
- 8. It is desirable that segregated clinical facilities be provided for paedodontic instruction. It was agreed that the utilization of air turbines was desirable and that vacuum equipment should be available. However, vacuum equipment requires that a chair assistant be present. It was also agreed that trained dental assistants improve clinical teaching in paedodontics. Clinical instructors should be drawn from the ranks of both the family dentist and the paedodontic specialist. It was agreed that an instructor-student ratio of 1:5 was desirable to provide for both the treatment needs of the patient and instruction of the student. It was noted that the national average was 1:7.6 and that while this was adequate for senior students it should be improved for junior students.
- 9. This conference agrees with its orthodontic predecessor that orthodontic knowledge and judicious orthodontic practice should be an integral part of the undergraduate program. It was therefore recommended that orthodontic and paedodontic programs co-operate intimately for more effective teaching.

RESOLUTIONS SUBMITTED

Canadian Dental Association and American Dental Association, therefore be it

Resolved that, if possible, the Council on Education of the Canadian Dental Association develop a facility for the evaluation and the accreditation of dental schools on a world-wide basis.

COMMENT AND ACTION

Whereas the intent of submitted resolution Number 4 is highly desirable, therefore be it

Resolved that this resolution be referred to the Council on Education for study and recommendation.

ADOPTED

Number 5

Alberta Dental Association

Whereas ample proof of the necessity of such a specialty has been shown by the increasing number of referrals from other dentists to those who restrict their practice to paedodontics, and

Whereas those now restricting their practice to paedodontics have taken advanced professional training not normally required of a general practitioner, and

Whereas dentistry for children is becoming an increasingly important facet of dentistry, and

Whereas a section on children's dentistry has been recognized by the Canadian Dental Association, and

Whereas paedodontia is recognized as a specialty by the College of Dental Surgeons of British Columbia, the Alberta Dental Association, the Manitoba Dental Association and the Royal College of Dental Surgeons of Ontario, as well as by the American Dental Association, therefore be it

Resolved that the Canadian Dental Association give consideration to the recognition of paedodontics as a special branch of dentistry and that paedodontists be recognized as specialists.

COMMENT AND ACTION

It is recommended that this resolution be referred to the Committee on Specialists and Specialization in consultation with the Section of Dentistry for Children according to established C.D.A. policy.

ADOPTED

Number 6

Following a request from some members of our Association, the Board of Governors of the Ontario Dental Association wrote to the Royal College of Dental Surgeons of Ontario, asking that consideration be given to recognizing Endodontics as a certifiable specialty.

COMMENT AND ACTION

The first sentence of the first resolving clause agrees with the By-laws, Article IX, Sec. 3, subsection (b) and (c).

The Board of Governors disagrees that a full term (3 years) should necessarily elapse before appointment to another committee.

The second resolving clause has been followed as general practice in the Canadian Dental Association.

ADOPTED

Number 3

College of Dental Surgeons of Saskatchewan

Whereas to date national health grants have contained no specifically earmarked grant for dental health purposes, and

Whereas a total profession, trained, licensed and separately autonomous from the medical profession is concerned with the total problem of dental ill health of all the people, and

Whereas governments increasingly have acknowledged the necessity of dental health care, e.g. dental care for the services and for the socially indigent, indicative of the increased acceptance of dentistry as a health service, therefore be it

Resolved that the Board of Governors of the Canadian Dental Association be requested to make representations to the Department of National Health and Welfare requesting consideration for the establishment of a specific national grant concerning dental health.

COMMENT AND ACTION

In view of the fact that this matter has been dealt with through the report of the Council on Public Health and that the College of Dental Surgeons of Saskatchewan will be notified of the action taken therein, we support this resolution.

ADOPTED

Number 4

Royal College of Dental Surgeons of Ontario

Whereas there is in existence in Canada a facility for the evaluation and accreditation of dental schools, and

Whereas reciprocal arrangement has been developed with a similar facility in the U.S.A., and

Whereas there is a continual change in the standards of dental education throughout the world, and

Whereas there is evidence that in some countries there are schools which have standards equal to or approaching those of schools approved by the

5. *Root Surgery and Therapy for Teeth with Involved Pulp*

The bizarre morphology of the roots of the primary molars and the incomplete calcification of the root-ends of young permanent teeth have created problems of pulpal management not encountered in the older permanent dentition and have therefore, necessitated the development of modifications of operative technics used for the management of pulp-involved adult teeth. The problem of providing treatment of pulpal conditions in young dentitions is complicated further by the frequency of damage to incisors by accidents during the earlier years of life. Coronal fractures, coronal discoloration, fractured roots, displaced teeth and teeth completely retruded or removed, all have to be treated in a manner acceptable to the modern endodontist who is utilizing radiologic and bacteriologic controls.

6. *Problems of Growth, Development and Health During Childhood*

The children's dentist, when he undertakes the oral health protection of a young patient, assumes a definite responsibility for the dental contribution to the health of this patient and accepts the task seriously of supervising the development and exchange of dentitions in a growing and developing human organism. Likewise, he accepts the responsibility for referral of this patient to the orthodontist, oral surgeon, pediatrician, speech therapist, psychologist or nutritionist as the services of these specialists are required. The discharge of responsibility in this area of dental practice requires a thorough training in diagnosis and a limited number of technics of treatment, along with an understanding of child growth and development at least equal to that of the orthodontist.

For purposes of discussion, this area of qualification may be divided into a series of concrete activities in which the children's dentist is expected to achieve competence. They follow:

1. Preventive and palliative orthodontic treatment;
2. Detection and treatment or interception of dental anomalies which involve the number, morphology, structure or position of individual teeth;
3. Physical appraisal of the status of children and provision of dental care for sick and handicapped children; and
4. Complete oral contribution to the speech habilitation, masticatory function and appearance of children with operated or neglected oral clefts.

7. *Dental Health Guidance*

For the dental health guidance of his patients and for the information of parents, the paedodontist requires critically appraised scientific information about nutrition, the development of teeth, the effect of mineral and vitamin metabolism on the teeth and other oral structures, home care of the supporting tissues, interference with oral habits, oral bacteriology and the mechanism of caries, tests for caries activity and the utilization of technics for control of caries.

*ORAL CYTOLOGICAL SMEAR FOR
EARLY DETECTION OF CANCER OF THE MOUTH*

During the calendar year 1963, the oral cytological smear program has developed from preliminary consideration to preparation of programs for widespread use of the technique by the dental profession across Canada. The stages of progress were as follows:

1. On January 29th, 1963, a small group, representative of the Faculty of Dentistry, University of Toronto and the National Cancer Institute Canada, met to discuss with Dr. D. W. Thompson, cytologist on the Faculty of Medicine, University of Toronto and the Toronto General Hospital, the desirability and feasibility of extending to the dental profession the cytological smear technique for early detection of cancer. Excerpts from a number of published reports concerning use of the cytological smear technique for the examination of lesions of the mouth were provided as a basis for discussion.

Following discussion with Dr. D. W. Thompson, it was proposed by Dr. J. A. Pedler, seconded by Dr. W. G. McIntosh, that appropriate measures shall be taken to make available to dental practitioners a cytological laboratory service for oral smears and further, that this should be coupled with an education programme for dental practitioners in the proper use of exfoliative cytology of the oral cavity and instruction in the techniques of obtaining a good smear.

It was agreed that employment of the smear technique should be instituted immediately in the Oral Diagnosis Clinic of the Faculty of Dentistry, and in the dental clinic of the Toronto General Hospital. Dr. Thompson stated that interpretation of the smears could probably be provided by the Toronto General Hospital, Department of Pathology. Dr. J. A. Pedler and Dr. D. W. Thompson agreed to pursue the possibility of such an arrangement.

It was further agreed that actual experience with the cytological smear method is essential before a precise programme of procedure can be offered to dentists throughout Canada. During the above-mentioned period of gaining experience with the technique, it will be necessary to arrange such matters as:

- (a) Type of kit to be provided to dentists
 - (b) Extent and nature of instruction to be given to practitioners to whom service is to be made available
 - (c) Interpretation of smears
 - (d) Financing of the service
2. On June 18th and 19th, 1963, Drs. J. A. Pedler, D. W. Thompson and C. H. M. Williams visited with Drs. Henry S. Sandler, S. Sigmund Stahl, and L. G. Koss in New York and Brooklyn. Sandler, Stahl, and Koss had employed the cytological smear technique with 118,000 patients in Veterans' Administration Hospitals in the United States.

3. On September 5th, 1963, a submission concerning the desirability of making the cytological smear technique available to the dentists of Canada was placed before the Executive Council of the Canadian Dental Association. The Council adopted the following statement:

"The Executive Council of the Canadian Dental Association endorses the use of the cytological smear technique for early detection of cancer of the mouth. This endorsement is based upon adequate scientific investigation which proves the efficiency and reliability of this method of diagnosis. It is recognized that an intensive educational campaign is necessary among members of the dental profession in order to secure utilization of the smear technique. In addition the provision of laboratory facilities will be necessary. In the furtherance of this programme in introducing the method to the dental profession the support of the National Cancer Institute of Canada is requested."

4. A submission to the meeting of the National Cancer Institute in Winnipeg, September 28th and 29th, 1963, led to a grant of \$1,350.00 to the Canadian Dental Association to be used for the following purposes:
 - (a) A presentation by Dr. Henry C. Sandler before the Conference of Secretaries in Montreal, December 3rd, 1963.
 - (b) Production of a brochure on Oral Exfoliative Cytology Technique and distribution of it to all dentists in Canada and all third and fourth year dental students in Canada.
 - (c) Purchase of two copies of a 16mm. colour motion picture film by Dr. Henry C. Sandler on "Oral Exfoliative Cytology".
5. The Conference of Secretaries of the Canadian Dental Association generously provided one day (December 3rd, 1963) of their annual meeting to hear presentations concerning Oral Exfoliative Cytology. A grant from the Research Council of the Canadian Dental Association financed travelling expenses to the meeting of one or more representatives from each of the dental schools across Canada. At that meeting, the following resolution was adopted:

"Resolved That:

We, the representatives of the Canadian Dental Association, the secretaries of the provincial corporate members of the Canadian Dental Association and the representatives of the Faculties of Dentistry in the Canadian universities, having met in conference and having reviewed the evidence relating to the application of oral exfoliative cytology in the early diagnosis of cancer of the mouth, are convinced that the method constitutes a most valuable contribution which the dental profession can make to the health of the community. We therefore recommend that steps be taken by the

EDUCATION

appropriate provincial organizations to implement an adequate educational programme and to make a cytological service available to dental practitioners.

Moved By: Dr. George M. Dewis, Halifax, Nova Scotia

Seconded: Dr. Lyman E. Francis, McGill University
Montreal, Quebec

Adopted Unanimously."

6. In the provinces across Canada, committees should now be formed, or are forming. They should achieve two main objectives:
- (a) Educate the dental profession concerning the values, and methods of employing, the cytological smear technique.
 - (b) Arrange a service in each province. This will likely require agreements with the provincial department of health, cytological services of the province, and the provincial Cancer Society.

Schools of dentistry in Canada may contribute to early detection of cancer of the mouth by promoting education concerning oral exfoliative cytology by:

- (a) Educating members of their teaching staffs concerning exfoliative cytology.
- (b) Educating undergraduate students concerning cytological technique. Use of Sandler's motion picture film is suggested. The film is available on loan from the offices of the Canadian Dental Association.
- (c) Employing the service for clinic patients.
- (d) Presenting short courses for graduates. (Copies of programmes of previous courses are available.) Financial support for such courses may be secured from the provincial Cancer Societies.
- (e) Conducting studies relating to cancer of the mouth.

In addition to the above-mentioned provincial committees, a central committee, responsible to the Canadian Dental Association, will continue to function. It is expected that this central committee will continue to be composed of the following:

Dr. J. A. Pedler, Professor and Head, Department of Oral
Diagnosis, and Director of Dental Department of the
Toronto General Hospital

Dr. D. W. Thompson, Lecturer in Pathology, Faculty of Medicine,
University of Toronto

Dr. C. H. M. Williams, Professor and Head, Department of
Periodontics, and representative of the Canadian Dental
Association to the National Cancer Institute of Canada.

Respectfully submitted

C. H. M. Williams, D.D.S.
Representative of the Canadian Dental
Association to the National Cancer
Institute of Canada

February 7th, 1964

EDUCATION

Appendix D

1965 BUDGET

<i>National Recruitment Committee</i>		<i>Council on Education</i>	<i>Total</i>
Meetings	\$ 750	\$2,500	\$3,250
Publications	2,000	200	2,200
Films	250		250
Filmstrip	1,000		1,000
Film Service	750		750
Travel		300	300
Consultant		1,000	1,000
	4,750	4,000	8,750

1964 BUDGET

It has been moved by the National Recruitment Committee (cf. minutes of the National Recruitment Committee 1963 number 19) to increase the amount allotted to publication from \$1,500 to \$2,365.

COMMENT AND ACTION

- 1-3. Information.
- 4-5. Noted.
- 6-7. Approved.
- 8. Warmly approved.
- 9. Information.
- 10-11. Agreed.
- 12. Noted.
- 13-14. Information.
- 15. Noted.
- 16-17. Approved.
- 18-19. Approved.

Whereas Dr. R. M. Grainger of the Faculty of Dentistry, University of Toronto and Dr. J. Flowers of the Ontario College of Education have devoted a great deal of effort and produced a most useful report on Aptitude Testing for the Council on Education be it

Resolved that the Board of Governors express its sincere appreciation to Dr. Grainger and to Dr. Flowers for their excellent efforts on Aptitude Testing.

ADOPTED

- 20-21. Approved. The energy and dedication of Dr. Williams is greatly appreciated.
- 22-24. Information.

We recommend the adoption of the report of the Council on Education.

APPROVED

MEMBERS: J. P. McGuigan, *Chairman, Halifax*; H. N. Beach, *Ottawa*; R. J. McCarten, *Winnipeg*; E. F. Dexter, *Halifax*; L. E. Duffy, *Charlottetown*.

REPORT

1. Our profession is a community of people whose membership requires them to live under the same code of behaviour. To make this possible we have chosen an organization that best serves our needs today, and gives us hope for tomorrow.
2. There should be no mistake about this dual function of our Association; it must provide what is immediately necessary for the dental health of the nation, and at the same time make plans designed to give every citizen the opportunity to realize in the future the best dental health services we as a profession are capable of rendering.
3. This has been brushed aside by some of our members as too idealistic a view for our association. But any association is expected to have ideals, as do business, education and all other facets of life, or it is not living up to its responsibilities.
4. If an association is to be effective we must have aims that are specific, concrete and definite and which must be compatible with individual freedom.
5. During the past year numerous complaints of unethical behaviour have been brought to my attention. The two most prevalent grievances concern extraordinary fees charged for some dental services and the re-referral of patients originally referred to specialists for special services or emergency treatments. I have therefore brought this to the attention of our members through a letter to the editor.
6. I have had considerable correspondence on the ethics of group practice, and as we were unable to come to a meeting of minds on this matter, we have decided to lay down some rules as a guide for this group. We feel this matter might be discussed by the committee dealing with this report when we would hope to have representation from the associations concerned, and thus come forward with a set of rules acceptable to all.

The following revision to the Code of Ethics is recommended:

7. *Clause I — Section (g)* Delegate final sentence beginning with "because" and ending with "service".
8. *Clause II — Section (b)* It should be a point of honour for members of the profession to adhere to established standards of ethical practice.
9. *Clause III; Titles and Degrees*

Section (a) Honorary degrees may be used in college registers, calendars, text books and published articles in journals if in conformity with the policy of the editorial board.

Section (b) The use of letters after a person's name signifying membership in a society is unethical.

10. *Clause III; Relations of Dentists with Hospitals and Medical Profession*

Section (a) In the case of hospital patients, mutual understanding and cooperation between the dental profession, medical profession and boards of management of hospitals are most essential.

Section (b) A hospital staff appointment is a privilege. The dentist on the staff of a hospital should at all times so conduct himself that he shall continue to merit the hospital privileges he has been accorded.

Section (c) The services provided by the dental profession in hospitals are part of a total health service. Therefore it is the duty of all dentists to support and cooperate with medical personnel so that optimal services will be provided to all patients under their combined care.

11. *Clause IV; The Principles of Ethical Billing*

Billing procedures are considered to be ethical if the accounts of the dentist are handled (a) by the dentist or his staff, or (b) by a billing or accounting agency, wherein the following principles are maintained.

Section (a) The dentist maintains control of his accounts at all times.

Section (b) Accounts are rendered on the dentist's letterhead or in his name.

The name and address of the billing agencies should be featured less prominently, purely to facilitate payment.

Section (c) The patient has the right to discuss with the dentist any question regarding the service rendered or the fee charged for any service.

Section (d) The billing agency makes payment to the dentist only on amounts received by the agency.

Section (e) The agency must obtain from the dentist written consent before court action is instituted to collect any individual account.

12. *Clause III; Group Practice*

Group dental practice is the application of dental service by a number of dentists working in systematic association with the joint use of equipment and technical personnel and with centralized administration and financial organization.

(a) The group must be bound by the same ethical behaviour as applies to the individual.

(b) In the naming of the premises no member shall use a trade name or a distinguishing name which would link that individual with the group e.g., "Smith Dental Building".

(c) The name "clinic" or "centre" as it applies to naming group practice, is also unacceptable, as it infers in many instances a non profit group or a group rendering superior services.

(d) Examples of acceptable building names are: Medical or Dental Building, Professional Building, Queen Street Building, Medical or Dental Arts Building.

ETHICS

(e) All names comprising the group shall be listed in the telephone directory, building directory and on all letter heads and billing statements.

(f) If the group numbers fewer than four members, then all names should be used at all times and for all purposes.

(g) If the group is greater than three members, then some name could be used to indicate the group such as: Dental Associates, Queen Street Dental Associates or Dental Group or Dr. X. and Associates.

13. A budget has been presented to the Treasurer and Executive Council for a meeting of the Council this coming year.

COMMENT AND ACTION

1-2. Agreed.

3-4. We concur.

5. Noted with concern.

6-8. Agreed.

9. Referred to Council on Ethics for reconsideration.

10-12. Agreed.

13. Noted.

We recommend the adoption of the report of the Council on Ethics.

APPROVED

MEMBERS: *J. Zimmerman, Chairman, Calgary; M. V. J. Keenan, Sudbury; R. Langlois, Quebec; P. S. Christie, Halifax; J. P. Coupland, Ottawa; W. J. Riley, Winnipeg; W. P. Munsie, Vancouver.*

REPORT

1. Since the last Annual Meeting the Executive Council has found it necessary to convene on five occasions: May 19 and 21, November 22 and 24, 1963, and February 17-20, 1964.

Annual Meetings

2. The Executive Council received with appreciation the invitation of the Essex County Dental Society to be host to a national convention. This invitation will be kept on file for future consideration. The Essex County Dental Society was thanked for its invitation and was informed of the decision to defer action on convention locations later than 1970, and other factors.

3. 1963

(a) Dr. James D. Purves, Chairman of the Joint Canadian Dental Association — Ontario Dental Association Convention submitted his report with suggestions and recommendations. The Chairman and members of the 1963 convention committee were commended by the Council for the outstanding success of the 1963 meeting. The Chairman was also complimented on the constructive report of that meeting and was assured that his suggestions and recommendations would receive careful consideration. Copies of this report have been sent to chairmen of future convention committees, as is the custom.

(b) Considering the recommendations presented in the 1963 report, the Council deemed it advisable for the president to appoint a committee to review article 6, section 9 (c) of the association by-laws with a view to implementation in the light of changing circumstances. A committee was appointed with Dr. J. P. Coupland as chairman and Dr. J. D. Purves and Dr. W. G. McIntosh, with Mr. Croft as secretary.

4. 1964

(a) Dr. Ross Stuart, chairman of the 1964 Convention Committee, met with Council in February to present and discuss his report. The program was approved and the chairman and his committee were complimented on the arrangements for professional and social activities.

(b) Chairmen of reference committees for this Board meeting were appointed and the agenda was recommended for adoption.

(c) Dr. Gustave Ratte was appointed installing officer for the annual association luncheon meeting on June 29.

(d) Dr. W. Scott Hamilton and Dr. Don W. Gullett were nominated, subject to approval of the Board, for honorary membership in the association.

(e) Council instructed that a citation of achievement also be presented to honorary members in future and that an improved certificate of honorary membership be designed.

EXECUTIVE

(f) The American and British dental associations were invited to send delegates and both have appointed official representatives. Our new president will attend the American Dental Association meeting next fall and, should a suitable candidate be found, the invitation to be represented at the British meeting will be accepted.

(g) The presentation arranged by the Canadian Dental Association at the convention will be held at 2 p.m. Tuesday and its subject is "Recommendations of the Royal Commission on Health Services". Speakers will be Dr. Bruce A. McFarlane, assistant professor of sociology at Carleton University in Ottawa, who will present "A Sociological Viewpoint" and Dr. W. G. McIntosh, chairman of the Dental Services Committee and of the steering committee which drafted the association's brief to the commission, on "A Dental Viewpoint". An open question period will follow the speakers. The President will act as chairman.

5. 1965

The report of the 1965 convention committee under the chairmanship of Dr. Louis Bernier of Quebec City was received. The dates of the meeting were confirmed as May 26—June 2.

6. 1966

The dates of June 8-15 were confirmed for the 1966 meeting in Halifax and Dr. W. B. Coleman was confirmed as chairman of the 1966 Convention Committee.

7. 1967

The secretary of the Ontario Dental Association and Dr. E. A. White attended the February meeting to report on preliminary arrangements for the 1967 joint convention in Toronto. Dr. White has been appointed by the Ontario Dental Association to head a preliminary arrangements committee to which Dr. M. G. Boyes and Dr. K. I. Levinson have been added. Council confirmed arrangements made by this committee with the Royal York Hotel to reserve space for the dates of May 10-17, 1967. The president nominated Dr. O. J. Yule of Toronto and Dr. A. H. Leckie of Hamilton to be added to Dr. White's committee and both of these men have accepted.

8. 1968

The dates of the 1968 meeting to be held in Vancouver were confirmed as May 22-29.

9. *Past Presidents' Breakfast*

The report of the Past Presidents' Breakfast 1963, which was attended by seven past presidents, was received from the chairman, Dr. William Miller. Dr. M. V. J. Keenan has made arrangements for this year's meeting to be held on June 29.

10. *CDA Sections*

Representatives of each of the four sections were invited to meet the Executive Council immediately following the annual meeting of the Board

a year ago to discuss the position of the sections in relation to the association. Invitations to a similar meeting this year to continue these discussions have been sent to the sections.

11. *President's Report to Executive Council*

In part of his report to the Council the President brought forward the inflationary progress that is taking place, which reduces the purchasing power of all fixed incomes of charities. Since the reserve fund of the association is totally invested in government bonds, a gradual erosion is taking place in our reserve. The Council recommends that expert advice be sought from two sources as to how the reserve fund should be invested to best serve the purpose of the association. (See Appendix A)

12. *History of Canadian Dentistry*

In compliance with the resolution adopted in 1963 (1963 Transactions, page 147, item 35 number 6) the Council approved the following resolution:

"That the Canadian Dental Association commission Dr. D. W. Gullett to compile all the necessary material and write a history of Canadian dentistry under the following conditions:

That all expenses incurred by Dr. Gullett incidental to the above project, including any travel expenses of Mrs. Gullett who will be assisting in this project, will be the responsibility of the Canadian Dental Association. Dr. Gullett has refused remuneration for this work."

13. *War Memorial Awards*

In order to save time, it has been customary for the Executive Council to choose, on recommendation of the War Memorial Awards Committee, the title for the next essay competition. Recently the announcement date of new titles to the dental schools has been advanced. This now gives plenty of time for the committee to report its selection of title to the Board of Governors in advance of the necessary announcement date. Therefore Council recommends that the War Memorial Awards Committee be requested to suggest in its annual report to the Board a title for the next competition without prior reference to the Executive Council.

14. *Royal College of Dentists*

The Council received a progress report concerning the establishment of the Royal College of Dentists. This subject is treated more fully in the report of the Specialists and Specialization Committee.

CDA Insurance Plans

15. A special meeting of the Executive Council was held November 20-24, the main purpose being to consider several matters related to the operation of the pension and insurance plans sponsored by the association. As the Royal College of Dental Surgeons of Ontario was considerably concerned in the development of insurance plans, one day of the meeting was spent in joint discussion with the RCDS Board. Several actions resulted from the meeting.

EXECUTIVE

16. The Executive Council approved a policy statement on commercial insurance (See Appendix B).

17. Consideration was given to an offer for the purchase of Professional and Industrial Pensions Limited, administrator of our plans, by the association. After detailed discussion the following resolution was adopted by Council:

“Whereas the Canadian Dental Association has been offered the opportunity to purchase Professional and Industrial Pensions Limited, and

Whereas the Canadian Dental Association appreciates the value of the services rendered by the Professional and Industrial Pensions Limited in the administration of the Association-sponsored insurance program, and

Whereas the acquisition of Professional and Industrial Pensions Limited by the association would conflict with its policy statement on commercial insurance, therefore be it

Resolved that the Canadian Dental Association express its appreciation for the consideration shown but that at the present time the Canadian Dental Association is not prepared to accept the proposal to purchase Professional and Industrial Pensions Limited.”

18. As a result of the joint discussion with the RCDS Board a special advisory committee on commercial insurance responsible to the Executive Council was established under the following terms of reference:

(a) To investigate insurance programs sponsored by the dental profession.

(b) To make recommendations respecting the merits of policy contracts offered to the profession.

(c) To recommend the means of operation of insurance programs in the manner most advantageous to the profession.

(d) When considered advisable, to obtain expert advice on all related matters.

19. The following members were appointed to this committee:

D. C. McKechnie, Edmonton
George Zimmerman, Montreal
O. F. Wright, Vancouver
D. C. Way, London
D. C. Steeves, Moncton

Past President M. V. J. Keenan was appointed to act as Chairman pro-tem of the committee.

20. This committee met February 13-14, 1964 and reported to the Executive Council (see Appendix C) and Council approved the report.

21. Several detailed matters relating to insurance were discussed by the council and also with the RCDS Board in attempting to attain a mutual

understanding. Further efforts are necessary and will be undertaken by the special committee.

22. Insurance trustees Dr. P. G. Anderson and Dr. R. P. Lowery, and the administrator, Mr. J. T. Staddon, were present for discussion of the twelfth annual report of insurance plans (Appendix D). The Council, guided by the endorsement contained in the report a year ago of the Wyatt Company, and other studies, expresses its complete confidence in the administration of Professional and Industrial Pensions Limited and its complete support of the association's insurance plans. Council also recommended that, subject to the approval of the insurance trustees, a group life plan be made available by the insurance administrator.

Headquarters Expansion

23. Dr. R. P. Lowery, chairman, reported for the Headquarters Property Committee. He stated that while the new building is completed, certain remodelling still has to be done in the old portion of the building. Dr. Lowery officially turned over the new addition to the Executive Council and left with the Executive Council to decide whether or not an official opening should be held. The Council expressed its appreciation of the excellence of the new headquarters building and tendered with sincerity a vote of thanks to the Headquarters Property Committee.

24. Dr. Gullett was asked to leave the meeting. During his absence the resolution was adopted that the desk, chairs, bookcase and plaques with which the Secretary's former office was furnished be presented to him as an expression of the Association's appreciation. Upon Dr. Gullett's return to the meeting, the President presented him with the gift of furniture.

25. Attendance at Committee Meetings

By resolution, the Board of Governors last year approved financial assistance for some provinces to send delegates to meetings of the Council on Public Health (1963 Transactions, page 155). After full discussion the Executive Council adopted the following resolution:

"That in view of the efficiency of operation of councils and committees presently operating and in view of considerable increase in cost, and in view of the fact that the present chairman of the Council on Public Health agrees that this procedure is contrary to previously established policy, the Executive Council does not concur with this resolution and recommends that it be rescinded by the Board of Governors."

The two main reasons for adopting this resolution are the cost factor and the desirability of having committee meetings of a workable size.

26. Public Health Administration

The Executive Council considered the resolution concerning administration of public health services which appeared as item 13 on page 156 of 1963 Transactions. The matter was referred to the Council on Public Health to develop specific recommendations for implementing the resolution and is discussed in the report of the Council on Public Health.

EXECUTIVE

Successor to Secretary

27. By unanimous agreement, the Executive Council appointed Dr. W. G. McIntosh as secretary of the Canadian Dental Association effective January 1, 1965. Dr. McIntosh will commence his duties on September 1, 1964. The president was authorized by the Council to make an appropriate announcement of this appointment immediately following the February meeting. Telegrams containing this announcement were sent to each Corporate Member and announcements later appeared in the Governors Letter and the Journal.

28. The Council also authorized that a portrait of Dr. Gullett be painted by a well known portraitist, Frederic Steiger, and presented to Dr. Gullett as a token of appreciation for the innumerable services he has rendered to the Canadian Dental Association and the dental profession.

29. Oral Cytology

The following statement was adopted by the Council and submitted to the National Cancer Institute of Canada:

"The Executive Council of the Canadian Dental Association endorses the use of the cytological smear technique for early detection of cancer of the mouth. This endorsement is based upon adequate scientific investigation which proves the efficiency and reliability of this method of diagnosis. It is recognized that an intensive educational campaign is necessary among members of the dental profession in order to secure utilization of the smear technique. In addition the provision of laboratory facilities will be necessary. In the furtherance of this program in introducing the method to the dental profession the support of the National Cancer Institute of Canada is requested."

30. Bureau of Public Information

The Director of Public Information presented a report of activities and suggestions to the February meeting. A representative of a film producer was present to discuss a possible film project but no action was taken. The Council recommended that a "President's Report" be issued on the initiative of the President at such time or times of the year as may be considered advisable.

31. FDI

Council received a report (Appendix E) concerning the Federation Dentaire Internationale and requested that the editors of the Journal give consideration to bringing information about the FDI to the attention of Journal readers with the purpose of increasing the number of supporting members.

32. Projection of Dental Services

Time did not permit the annual review of this policy statement despite the addition of an evening and fourth day to the meeting.

33. Canadian Fund for Dental Education

Dr. W. P. Munsie gave an oral report of the Fund's first year of progress and requested consideration of continued support from the Association.

Council agreed that \$5,000 be granted to the fund in 1964 and that the Association adopt as policy the use of Living Memorial contributions to the fund in lieu of flowers for deceased persons. A separate report of the fund is being presented to this meeting.

34. *Remuneration of President*

The Council recommends that the resolution of the College of Dental Surgeons of British Columbia (1963 Transactions, page 175) regarding an honorarium for presidents of the Canadian Dental Association, after due consideration of all angles including income tax, not be implemented at the present time.

Council on Legislation

35. Appendix F concerns resolution (1) page 123 of 1963 Transactions and was received by the Executive Council as information.

36. Appendix G refers to employment of a legal adviser by the Association and, after lengthy discussion, the Executive Council came to the conclusion expressed in the following motion:

“That in view of the fact that the association does not need the services of a full-time lawyer and that the Council is fully satisfied with the present legal arrangements, therefore be it

Resolved that no legal bureau be established at this time.”

37. *Canadian Society of Oral Surgeons*

After giving full consideration to the resolution of the Canadian Society of Oral Surgeons (see Appendix H) and its additional statements, the council came to the following conclusion:

“That the resolution of the Canadian Society of Oral Surgeons excites the sympathy and understanding of the Executive Council. It is realized, however, that in the field of oral surgery there are overlapping areas between the dental surgeon and the surgeon with medical qualifications. This, in conjunction with the origin of medically-sponsored health insurance plans has led to a situation in which the oral surgeon is not recognized by such plans. In view of the fact that health insurance plans are provincial in scope, the Executive Council does not feel that it can properly interfere. It does feel that the negotiations being conducted by provincial bodies can probably effect changes in this situation on an amicable basis.”

38. *Canadian Council on Hospital Accreditation*

The Canadian Council on Hospital Accreditation has written to state, in answer to our request, that its board does not see fit at this time to change its by-laws to permit representation on the council by the dental profession.

39. *Senate Committee on Aging*

A brief concerning dental care for the aging and aged population has been submitted on behalf of the association to the Senate Committee on

EXECUTIVE

Aging. The Executive Council authorized the Dental Services Committee to appoint a steering committee for preparation of the brief. The brief was submitted by mail to the Council for approval and then forwarded to the senate committee. (See Dental Services Committee report.)

40. *Fee Schedules*

The Council again discussed the matter of provincial fee schedules and learned that more than half the provincial dental organizations either have adopted definite fee schedules or are working toward adoption. Several insurance companies either have established or are in the process of establishing insurance plans for dental services. The representatives of these companies express every desire to be co-operative in setting up the terms of their plans and also in observing properly constructed fee schedules on a provincial basis. A representative of one government department has indicated that fees should be founded on a sound financial basis, developed with common sense and consideration of variable factors peculiar to the provinces. It was also indicated that a standardized national nomenclature would be desirable and the Dental Services Committee is working on this matter. With regard to the Indian Affairs division, it is hoped that the recent appointment of Dr. C. Aberdeen McCabe of Montreal to the Dental Division of the Department of National Health and Welfare will enable progress to be made.

41. *Income Tax*

Inquiries were received from several sources pertaining to income tax concessions for dentists, particularly with regard to clubs and automobile uses. In discussing these matters with income tax people advice has been received that now is not the best time to discuss such issues with the government because of current interest in reducing rather than increasing the number of deductible items. These matters will continue to be considered by Council.

42. *Dental Assistants' Conference*

In view of the fact that several provinces have formal programs of education and training of dental assistants, and some of these programs are being sponsored in provincial vocational schools, others by local societies, without any uniform curriculum, the Council heartily agrees with the resolutions of the Secretaries' Conference and the Council on Education and has adopted the recommendation of the latter that \$1,000 be budgeted in 1964 for the purpose of convening a meeting to establish curriculum and minimum requirements for the training of dental assistants.

Dental Hygienists' Conference

43. Council agreed with a resolution of the Council on Education concerning a conference of directors of schools of dental hygiene and agreed that a sum of \$650 should be provided for this purpose in 1964.

44. Council also agreed that, in accordance with the resolution on page 7 of 1962 Transactions, the chairman of the Auxiliary Services Committee be authorized to make a grant of \$500 from his committee budget to support the national meeting of dental hygienists in Edmonton in June 1964.

45. *Sick Mariners Service*

Information presented to the President during his visit to New Brunswick was referred to the Council on Legislation which is investigating the problem.

46. *Federal Dental Services*

Correspondence was received from the Montreal Dental Club noting its opposition to 1963 action of the Board of Governors which granted representation on the Board from the three federal dental services. This was received as information.

47. *Canadian Education Week*

Following the Canadian Conference on Education in 1962, at which the Canadian Dental Association was represented, the organization was changed and its name became Canadian Education Week. This week was held March 1-7, 1964. Many industrial and commercial organizations and professional and other associations give support. The annual fee for the Canadian Dental Association is \$100. The association continues to give this assistance to a national effort aimed at the improvement of education in Canada.

48. *Finances*

At the February meeting the Council spent considerable time on the report of the Treasurer. The 1964 budget was amended and the 1965 budget was prepared and is recommended for adoption. Complete details of finance appear in the report of the Treasurer to this meeting.

49. *Headquarters Services*

Correspondence about expanding headquarters services of the association to include a Montreal branch was received as information.

50. *World's Fair 1967*

The association was invited and the Executive Council agreed to co-operate with the Life Sciences Division of the coming World's Fair and instructed the Bureau of Public Information to develop the necessary information.

51. *Dental Services Committee*

The Council recommends that, with reference to 1963 Transactions, page 27, para. (d), the phrase "specified maximum" be amended to read: "to a maximum to be determined by the Executive Council" and that the following be added to this sentence: "and such funds are to be limited to the preliminary stages in the organization of a dental service plan exclusive of any funding requirements."

52. Several other matters not requiring specific action were discussed, among them the fact that the President agreed to a request that he serve on the advisory board of Care of Canada.

SUPPLEMENTARY REPORT

The following items arising from its meeting June 23 are added at the direction of the Executive Council.

53. *Emergency Health Services*

Appendix I contains a report concerning the Emergency Health Service Advisory Committee of the Department of National Health and Welfare. Action concerning health manpower control in a national emergency is recorded in the following motion adopted by Council.

That the Canadian Dental Association is in accord with the proposal contained in the appended statement entitled 'Health Manpower Control in National Emergency', provided that the policy controls as indicated remain under the jurisdiction of the Department of National Health and Welfare and it is agreed that the administrative requirements of the Health Manpower Procurement and Assignment be handled through the National Emergency Manpower Authority.

54. *Convention Exhibits — Carbonated Beverages*

The association's policy has been not to permit manufacturers of carbonated beverages to exhibit their products at its Annual Meetings (Transactions 1960:22). When a ruling was sought regarding the new low-sugar carbonated beverages, the Executive Council referred the matter to the Council on Research. On the basis of the reply from that Council (see Appendix J) the Executive decided to recommend no change in the existing policy which prohibits exhibiting such products. (This matter is discussed also in the Research report to this meeting.)

55. *1967 Convention*

The Executive considered a report from the provisional convention committee and adopted the following resolution:

Whereas the 1967 Convention Provisional Committee has presented a preliminary report and

Whereas the 1967 Convention Chairman has not been appointed and

Whereas it is stated in Article VI, Section 9 (c) of the Association's By-laws that the Executive Council is entirely responsible for matters related to the Annual Meeting and

Whereas the principle of an interlocking convention program has been approved (1963 Transactions — pages 75, 76, 77) therefore be it

Resolved that the report of the 1967 Provisional Convention Committee be received and be it further

Resolved that a name or names be suggested as Chairman of the 1967 Convention Committee and that the Provisional Committee be requested to forward such recommendations not later than November 1964 to the Executive Council, and be it

Resolved that for the information of the 1967 Convention Committee, Article VI, Section 9 (c) of the Association's By-laws be brought to the committee's attention and that Doctor and Mrs. Owen Yule

be appointed consultants to the Headquarters staff and the 1967 Convention Committee for arrangements for the Board of Governors' meeting in 1967 and for the social entertainment of those attending the Board of Governors' meeting, and be it

Resolved that the proposal for an interlocking convention program (1963 Transactions, pages 75, 76, 77) be considered by the 1967 Convention Committee before the program for the 1967 Convention is planned.

56. *National Cancer Institute of Canada*

Having been notified of the expiration of the term of office of the association's representative, Council reappointed Dr. Charles H. M. Williams to the National Cancer Institute of Canada.

Science Fairs

57. The association has been a sponsor of the Canadian Science Fairs Council for several years. Because of a current financial crisis, the council has reluctantly asked its sponsors for emergency financial support. This was one of three choices, the other two being to disband or to seek continuing support from the National Research Council for the total annual budget. This latter alternative is being pursued but, until a decision is given, the science fairs council requires immediate financial aid to meet its commitments. The Executive Council agreed by motion to make a grant of \$1,000 to the Canadian Science Fairs Council in the current year.

58. Dr. Roger Charette of Montreal kindly consented to serve as the association's representative on the judging committee of the third Canada-wide science fair last April. Two C.D.A. awards of \$100 each were presented to Miss Maryl Weatherburn of Ottawa and Andre Belanger of Rigaud, Quebec, both grade twelve students planning on careers in science. It is interesting to note that Mary Allison of Morrisburg, Ontario, who received a C.D.A. award in 1963, was chosen top girl at the 1964 national fair.

59. *Council on Research*

In answer to a special request from the Council on Research, an additional grant of \$1,000 was approved by the Executive Council. This grant is to be used as a fellowship to permit continuation of the graduate program of a dentist who will become head of a department in a Canadian dental school.

60. *Journal Reproduction Rights*

The Executive Council has adopted a motion that an agreement be signed with Johnson Reprint Corporation concerning reprints of volumes 1-28 of the C.D.A. Journal. Council also agreed to permit the Johnson firm to handle distribution of the same volumes but only after ascertaining the needs of interested dental organizations and dental schools which could first be supplied with back issues free of charge by the association.

Royal Commission on Health Services

61. The first volume of this voluminous report was received last Friday (June 19th). A second volume is to follow at a date not announced and at

EXECUTIVE

least a third volume is to appear. Additional supplemental volumes are referred to in Volume 1. It will be obvious to all that constructive action by the Association cannot be intelligently taken until detailed study of the report as a whole is possible. Action should be taken in establishing appropriate mechanism for study and direction on the report.

62. Initial public reaction has been carefully observed through the news media and the importance of this should be carefully noted. Public reaction should not deter the Association in opposing methods of implementation which are not in the best interests of dental health. However, cognizance must be taken of public attitude as more information becomes available to the consumer of health services.

63. Time has not permitted serious study and in addition warning has been given that succeeding volumes are necessary for a proper understanding of the recommendations. On advice which is believed to be sound, the Executive Council have decided that any hasty action at this meeting on any part of the report now available would be inadvisable and perhaps regrettable at a later date.

64. Therefore, the following recommendation is made in order that constructive action may be taken without delay and at appropriate times:

- (a) That a steering committee on the Report of the Royal Commission be appointed by the Executive Council, and
- (b) That the steering committee be delegated the responsibility of conducting a detailed study of the report with reference to the appropriate councils, committees, sections and corporate members of pertinent matters contained in the report for study and report and in addition be assigned the responsibility of collating information resulting from the said studies, and
- (c) That the steering committee be empowered to make use of consultants when considered advisable provided any expenses involved are sanctioned by the Executive Council, and
- (d) That the Executive Council be empowered to take action on the report when requested by government or when they deem necessary, and further
- (e) That the Executive Council make provision in the budget to cover the estimated expenses of this committee.

65. The Executive Council believed it advisable to issue a statement concerning the commission report to forestall questions from the news media. By motion the statement which appears as Appendix K was authorized for release June 23.

66. The Council also considered distribution of the commission report to officials of the association for study. Cost of volume one is \$10 per copy. Cost of succeeding volumes is not known but considerable expense could be involved. Members of the Executive Council volunteered to purchase copies for their personal use. In addition, the association is to purchase copies which will be available on loan from the library.

67. *Canadian Academy of Paedodontics*

During this Board meeting, application to become a section of the Canadian Dental Association and for recognition of paedodontists as specialists was received from the Canadian Academy of Paedodontics. At a special session of the Executive Council on June 24, the following motion was adopted:

That the application to become a section of the Canadian Dental Association and for recognition of paedodontists as specialists be referred to the Specialists and Specialization Committee in consultation with the section on dentistry for children.

Appendix A

RESERVE FUND

The Canadian Dental Association has carried all the reserve in government bonds. According to the Canadian Dental Association Retirement Savings Plan, such government bonds barely offset the gradual devaluation and erosion of the Canadian dollar. At the same time, the common stock fund has a valuation of 16.04 against government bonds fund of 12.52 or 60 per cent vs 25 per cent, with all dividends invested.

According to recent financial reports, the AFL-CIO have revised their investment policy by greatly reducing the government bond fund and increasing the common stock fund.

Six pension funds of Canada have adopted the same policy. According to the most expert advice these pension funds have received, inflationary progress will reduce the purchasing power of the present dollar to fifty cents within ten years' time and to thirty-three and one-third cents in 15 years' time.

The thinking of professional management confirms the above ideas. Two Canadian investment funds, one being the largest and the other the oldest (since 1933), have increased their common stocks to 83 per cent.

College endowment funds of most United States universities and colleges have increased their common stock funds and reduced their government bond funds. Endowment funds of 47 representative universities and colleges of the U.S.A. had 56.6 per cent of their \$3,700,000,000 assets invested in common stocks, as of June 30, 1961. Even our own "sedate" Queen's University carries 28.4 per cent of its portfolio in common stocks.

In view of definite inflationary tendencies during the coming years, I recommend:

- (a) That the Canadian Dental Association set aside $\frac{1}{2}$ of its reserve investments in government bonds.
- (b) That one-sixth of the reserve be set aside for the purchase of preferred stocks and corporate debentures, preferably with conversion privileges.
- (c) That one-third of the reserve fund be set aside for the purchase of common stocks.

EXECUTIVE

This change in the investment policy could be carried out through a period of time.

- (d) That new purchases be made upon maturity of government bonds or when new increase is available for investment.

It is rather pertinent to note that the Canadian Dental Association has availed itself of legal, economic and accounting advice, and yet it has not sought advice of the economists in the financial field.

The change in policy would delegate the investment of funds to a trust company, similar to the one that is supervising the Canadian Dental Association Retirement Savings Plan, or some other reputable firm. At no time will either the Treasurer or the Secretary or any member of the Executive Council be responsible for the selection of securities. It is understood that all securities purchased would be those in which the Canadian and British Insurance Companies may invest funds.

J. Zimmerman

Appendix B

POLICY STATEMENT ON COMMERCIAL INSURANCE

The Canadian Dental Association approves the principle of sponsoring an insurance program for its members in accordance with the following provisions:

- (1) That the program be conducted in keeping with recognized professional ethics.
- (2) That the program provide equality of opportunity for its members to the greatest possible degree.
- (3) That an insurance advisory service be an integral part of the program.
- (4) That the Association, through its appointed representatives, and with competent advice, develop, approve or amend all insurance contracts before offering them to members of the profession.
- (5) That the administration of the plan(s) be entrusted to competent and experienced individuals in the field of insurance. Such administration should not form a part of the headquarters administration of the Association.
- (6) That the Association assume no financial responsibility in connection with the plan(s) except for the purpose of assurance that the program is functioning most efficiently in regard to administration, content of contracts and rates or premium.
- (7) That the signing of contracts with underwriting companies and other legal matters be the responsibility of the administrative organization with the approval of the Association's representatives.

*SPECIAL ADVISORY COMMITTEE ON
COMMERCIAL INSURANCE*

The committee held a meeting on February 13th and 14th, 1964. At this meeting a thorough review was made of the activities in respect to CDA Pension-Assurance Plans during the years of operation since 1952.

As a result of our deliberations we present the following statement:

1. The institution and operation of CDA Pension-Assurance Plans has been very beneficial to members of the profession both directly and indirectly. Much evidence is available of direct benefits but there also have been indirect benefits through competition in attempts to meet the benefits and rates set in CDA plans.
2. It is our opinion that Professional and Industrial Pensions Limited has served the profession commendably and should be continued in its present overall relationship to the Canadian Dental Association for the time being with continued effort to promote among the membership the services available. We are cognizant of the present situation and trust that a satisfactory solution may be found.
3. We believe that the two trustees have served the profession well over the years and that the position should be retained. The experience of the present trustees is of great value and it is hoped that they may continue to act in their advisory capacity. It is pointed out that emergencies in the operation of the plan have arisen and undoubtedly will continue to arise when consultations are necessary. We request that the trustees be made ex-officio members of this committee.
4. Arising from the discussions it was felt that greater effort was necessary in promoting the plan. Evidence was presented of the lack of knowledge among dentists respecting the value of P.I.P. services. Members of the committee freely stated their enlightenment from the discussions. Means of promotion were discussed at length with recommendation that the Association actively support a program directed toward educating its members respecting the merits of the plan through the Journal and distribution of pertinent subject matter.
5. It was agreed that means should be sought to encourage dental societies or groups to communicate with CDA Plans before contracting for any group insurance plan.
6. After consideration of potential participants among the number of Canadian dentists, the values of volume and the experiences of small groups, decision was made that an insurance plan on the national level gave assurance of best results. At the same time it is realized that some dental groups will probably operate plans of their own.
7. Decision was made that a national group life assurance plan should be made available as quickly as possible as an addition to the present contracts.

EXECUTIVE

8. Time did not permit review in detail of all policies now issued by the CDA Plan. However, considerable discussion took place respecting particular items contained. One conclusion reached was that the policy contracts issued should be the best procurable to suit the needs of dentists.
9. The whole area of insurance is by no means a stationary one. The type and content of policies is continually changing. If the CDA is to keep abreast of these alterations there is real necessity for a qualified insurance administrator of the plan. We have reviewed activities in this area, particularly respecting improvements in contracts and the efforts put forth to secure improved benefits. Based upon volume and experience we have learned of other possible benefits in future. It is our opinion that Mr. Staddon is a capable administrator, co-operative with the Association and has gained many benefits for members of the profession.
10. We recommend that Dr. Keenan remain as pro-tem chairman of this committee.

While we as committee members cannot speak with authority for the areas we represent, we ourselves believe that the above observations represent the opinion of informed members of the Association.

Appendix D

CDA PENSION AND INSURANCE PLANS TWELFTH ANNUAL REPORT

The year of 1963 was by far the most eventful of the eight years I have been associated with the Canadian Dental Association Plans. Most of what happened should give cause for considerable satisfaction.

During the past year, Mr. Greening, the Managing Director of the Beacon Insurance Company Limited, offered to sell our administrative agency to the Canadian Dental Association, as he apparently thought that this might be a more acceptable and desirable situation from your point of view. It would certainly have eliminated the criticisms which have been voiced from within the profession at the present set-up, however imaginary and unwarranted the basis for such criticisms has been. In my opinion the financial terms offered were fair and reasonable. Beacon had taken all the risks, and yet were prepared to sell to you for what they had put into building up a self-supporting concern, without even charging interest on their investment. As was well appreciated by all concerned, there were arguments which could be presented both for and against such a move.

After protracted deliberations, you declined the offer, presumably in keeping with your long established policy that the Association should not become directly involved in the financial and technical aspects of planning and administration of a commercial operation. I considered it advisable to

follow a neutral course during your consideration of this matter, but now that your decision is made, I think that both it and the bases for arriving at it were most proper.

At the Executive Council Meeting in February 1963, Mr. Cooke of The Wyatt Company, presented his report to you on the findings of his exhaustive investigations into all aspects of the C.D.A. Plans. I gathered then that there was unanimous satisfaction at the assurances and observations made, and to the replies he gave to your many questions. I was pleased to observe the editorial comment in the July issue of the Journal, and also the publication of the gist of the report. However, in view of the reasons behind the prompting of this investigation, and specifically Mr. Cooke's statement in reply to a question, that he could not envisage how an administrative agency could be operated in any more efficient and satisfactory manner, or how more beneficial coverage could be provided, I am disappointed that some more explicit statement of confidence and support for the C.D.A. plans did not emanate from your Council and be given wide publicity.

C.D.A. Pension and Assurance Plan

There have been no changes or additions to the range of life assurance or individual accident and sickness contracts being issued, but there have again been improvements in some life rate tables, and I expect other improvements to be available very soon. We should thus be assured that our relative advantage in premium costs will be continued for some time to come, but nothing is taken for granted and our position in relation to the market generally is kept under constant scrutiny.

C.D.A. Hospitalization-Medical-Surgical Plans

In the six provinces where these plans are applicable, all non-participating members were notified of the opportunity to enrol. As many of you will be well aware, our Medical-Surgical coverage has been limited to what is known as the 'in-hospital' plan, and has not paid for physicians' home and office calls. I have never considered this to be any great disadvantage because the additional cost of the more comprehensive coverage with P.S.I. or its equivalent, would be almost \$80 a year per family. What I considered more important, and certainly warranting of priority, was the need to minimize the financial burden which could result from medical expenses not covered at all by the Medical-Surgical Plans whether 'in-hospital' or comprehensive, such things as private nursing, drugs, private room accommodation, excess specialist surgeons fees, which accumulated could be disastrous. This problem was met by the successful implementation of the Extended Health Care Plan.

C.D.A. Extended Health Care Plan

As this is so closely related to the Hospitalization and Medical-Surgical coverage, I have moved it up from its previous position, to follow in a more logical order. The introduction of this type of coverage was reported last year. During the year I negotiated with Blue Cross for the availability of some additional items, among which was physicians' home and office calls. This optional extension to the Extended Health Care Plan, known as the "Medical Rider", was notified to the membership last fall to become opera-

EXECUTIVE

tive January 1st, 1964 for those that wanted it. Of the almost 1,200 now participating in the Extended Health Care Plan in Ontario, over 90% elected to add the Medical Rider.

For the guidance of those who may look to these reports for detailed information, I would like to say that this plan pays 80% of the cost of covered items which are incurred by any one person in any 12 month period, after a deductible of \$50. It follows that receipted accounts should be kept until they exceed \$50 in respect of any person, before a claim is initiated, and that such accounts should contain sufficient information to enable Blue Cross to determine the nature of the service or other items of expense, and the name of the patient. Full information as to items and services that are covered has been sent to all subscribers, and additional information as to claims procedure can be found on the back of the claim form.

Encouraged by the acceptance of Extended Health Care in Ontario, and having received many requests for it from Quebec and the Maritimes, we made arrangements to offer it in these areas as additions to the basic coverage that had been available for some time. In both Quebec and the Maritimes, those participants in the basic coverage were given the option of adding it or of continuing their existing level of protection. With the one exception of Nova Scotia, the vast majority took the additional protection.

It should be remembered and fully appreciated that these plans made no exceptions of anybody on account of age or medical condition, and there is no age limit at which the protection will cease or be reduced. All who applied were granted participation.

C.D.A. Retirement Savings Plan

At the time of preparing this report, we are again in the middle of a hectic six week period during which it is customary for more than two-thirds of the total deposits for the year to be made, and for most new applications to be received. The indications are that the past trend of growth in membership deposits will be continued. Similarly, the experience with the Funds during the sixth year of operation gives every indication of being at least as good as the average for the first five years.

You may recall that the statistics which were published with last year's report showed that regular deposits for the first five years of the plan would have appreciated in value at average rates of 5.4% 6% and 7% compound per annum for the Government Bond, Corporate Bond and Common Stock Funds respectively. Comparisons with other mutual funds show this result to be far superior, particularly in the Common Stock Fund where the rate of appreciation of deposits is almost double most growth funds, and more than double one of the most popular and best known. The primary reason for this marked advantage is, of course, the fact that we do not make any loading or sales charge when deposits are made for the purchase of Units.

There must be many hundreds of members of the association who were persuaded to take up registered plans with other organizations who would be well advised to direct their savings for retirement to the C.D.A. Plan without further delay. If they wish, they may also request transfer of the value of

their existing holdings in other registered plans to the C.D.A. Retirement Savings Plan without incurring any tax on the amount thus transferred.

C.D.A. Office Overhead Expense Plan

No other similar plan, to the best of my knowledge, has either before or since, granted the same liberal degree of acceptance and scope of protection to any body of professional men. Not only were all members up to age 69 accepted two years ago, regardless of medical impairments or history, for up to \$500 a month insurance, but a further non-selective enrolment period was granted during the fall of 1963. Again, I have every reason to believe this concession to be unique.

On numerous occasions, in writing and verbally, I have claimed that in my opinion this is the finest group plan for office expenses which any professional association could provide for its membership. While one could expect that a few very young and very healthy members might look elsewhere to discover if they could secure comparable protection at some saving in cost, without regard for their older and less fortunate confreres, one might be forgiven, I feel, if he anticipated and indeed expected that officials at all levels of organized dentistry would wholeheartedly support a plan which not only promised but had already fulfilled such admirable and unique features.

C.D.A. Group Accident and Sickness Plan

A considerable part of last year's report was devoted to the introduction of this new facility. It was also the subject of my address to the provincial secretaries at their conference just over a year ago. Every insurance man to whom I have shown the details of this plan has been full of praise for it and none has even suggested that anything as good, let alone superior, is available elsewhere. The essential points are recorded in the Transactions of the C.D.A. for all to see and refer to.

I am pleased to report this plan is now operative in six provinces and that in every case non-selectivity has been achieved, so that no practising member in those provinces, up to the age of 69 years, has been denied the opportunity to secure this extensive protection on the grounds of medical impairment or history. In the provinces concerned, a great deal of credit for this outstanding success must go to the officials and insurance committeemen of the provincial bodies for their endorsement, co-operation and assistance. I have every hope that there will soon be additional provinces where this plan will be made available.

It must be known to you that allegations and suggestions regarding the fitness and desirability of my administering Association recommended Plans have been made in one particular area, despite the assurance given by The Wyatt Company. When I asked for substantiation of these claims — such things as 'overlapping and duplication', 'not acting in the best interest of dentists', 'giving priority to the interest of underwriting companies' and 'availability of Plans superior to those recommended by the C.D.A.' — there was only one point on which any attempt at justification was made. That was the claim that because our administrative agency was financially controlled by an insurance company, I was restricted to recommending what suited them. This is not so. I have assured you and I have told the underwriting organiza-

EXECUTIVE

tions with which we are presently associated, that if I should become aware that their policies and plans could be bettered elsewhere, I would no longer recommend them. I do not say that we will always be able to offer the best terms for every policy, for every dentist of every age and requirement, without there ever being the possibility of isolated exceptions, but I do say that there is hardly ever an occasion when we cannot give either superior coverages, as with our accident and sickness plans, or lower cost as with our life policies and retirement savings plan.

I would defy any administrator or any association on the North American continent to make any stronger claim than this where there is such a comprehensive set of coverages made available. From what I have seen, they could not go half way towards justifying a similar claim. Unless someone is hiding something under a bushel, there is not an association or society in Canadian dentistry that can justifiably claim to have plans more favourable than those recommended by the Canadian Dental Association.

<i>Statistics</i>		Change from 1962	
Contracts in force — C.D.A. Pension-Assurance Plan			
	\$	1,283	— 1.4%
Members—C.D.A. Hospitalization Groups		2,607	+ 8.5%
Members—C.D.A. Extended Health Care Groups		1,817	+ 78.0%
Members—C.D.A. Retirement Savings Plan		620	+ 11.8%
Members—C.D.A. Office Overhead Expense Plan		2,178	+ 9.1%
Members—C.D.A. Group Disability Income Plan		1,063	New
Premiums and Deposits received for 1963:			
C.D.A. Pension-Assurance Plan		342,059	+ 11.0%
C.D.A. Hospitalization Groups		210,797	+ 4.4%
C.D.A. Extended Health Care Plan		26,957	+ 428.0%
C.D.A. Retirement Savings Plan		689,687	+ 18.6%
C.D.A. Office Overhead Expense Plan		173,366	+ 20.7%
C.D.A. Group Disability Income Plan		145,112	New
Total		<u>\$1,587,928</u>	+ 28.0%

C.D.A. Retirement Savings Plan Information:

	Corporate Bond		Government Bond		Common Stock	
	March 1		March 1		March 1	
Unit	1963	1964	1963	1964	1963	1964
Values	\$12.088	\$12.657	\$12.779	\$13.429	\$15.021	\$16.962
Percentage Change in Year			+ 4.71%	+ 5.09%	+ 12.92%	
Average annual compound appreciation on regular deposits (6 years)			+ 5.0 %	+ 5.5 %	+ 8.0 %	
Total Asset Value of Funds at March 1, 1964					\$3,115,158	
Increase in Total Asset Value in Year					+ 36%	

Respectfully submitted,
J. T. Staddon.

FEDERATION DENTAIRE INTERNATIONALE

The 51st Annual Session of the Federation Dentaire Internationale was held in Stockholm, Sweden, 29th June to 6th July 1963. The meeting was well-organized by the Swedish Committee. 1,300 participants were in attendance from some 40 countries. Nine Canadian dentists were registered at the meeting.

Dr. Erich Muller (Germany) succeeded to the office of president and Dr. Knut Gard (Norway) was elected president-elect. Three new voting members were admitted representing Cuba, Iran and Thailand. Unfortunately the dental associations of Brazil and Viet Nam forfeited their membership for financial reasons. 52 countries are now represented in the Federation. The number of supporting members has increased to 4,794 of which Canada now has 85.

As is customary the program of the meeting was divided as to subject with a number of sessions running concurrently. A great number of reports and papers were presented. Only comment on some of the more important points is made here.

1. The feature subject for discussion was specialization in dentistry. Several papers were presented, one of which was based upon a survey of the various countries. As an outcome the General Assembly adopted principles for specialization in dentistry. These principles can be equated with those already adopted by the Canadian Dental Association.
2. Specification for dental casting gold alloy was adopted. Gradually satisfactory standards for dental materials on the international level are being established.
3. The work of the Special Commission on the Dentist's Health is considered important and progress was reported. Several national organizations are making contribution to this study.
4. Progress was reported by the Special Commission on Oral and Dental Statistics. This work is important and should result in uniformity on the international level as exists in other health areas.
5. The Commission on Dental Research has been concentrating for the most part on malignant disease affecting the mouth and jaw. The report pointed up the high incidence of tumours of the mouth and jaws in certain regions of the world. In cooperation with the World Health Organization it is hoped to enlarge this study.
6. Efforts are being made toward establishing internationally acceptable minimum standards of dental education. 24 heads of dental schools attended the annual session.

A full week of sessions occurred covering many phases of dentistry with scientific meetings running concurrently with business sessions. Our Swedish confreres provided very adequately for social activities. The meeting

EXECUTIVE

was held under the patronage of H.M. The King of Sweden with H.R.H. Prince Bertil formally opening the sessions. A full account of the proceedings will be found in the December issue of the International Dental Journal.

The 1964 annual session will be held at San Francisco in November.

Delegates: J. P. Whyte
Lloyd English
Don W. Gullett

Appendix F

ATTENDANCE AT SECRETARIES' CONFERENCE

Reference: Resolution (1) page 123 C.D.A. Transactions 1963

Resulting from this resolution the chairman of the Council on Legislation attended one day of the meeting of the Secretaries' Conference held last December. The resolution requests that both secretaries and members of the Council on Legislation assess the value of continued attendance.

For clarification it should be pointed out that the secretaries' conference is conducted under the direction of the secretaries. The agenda for the conference is compiled by the secretaries. The items of the agenda vary from year to year and according to the subjects of discussion, it is of considerable value to invite individuals qualified in a particular subject to attend the meeting. Opinion is expressed that the invitations should be issued by the current chairman of the conference, in accordance with the subjects to be discussed. It is questionable whether or not directives should be given for continuing attendance of any one individual.

Appendix G

EMPLOYMENT OF LEGAL ADVISER

Reference: 1963 Transactions page 123

Arising from the report of the Council on Legislation at the Annual Meeting for several years a resolution respecting an adviser on legal matters for the Association has been adopted. In review the following actions 1960 to 1963 have been taken:

1960

"Resolved that the Executive Council be empowered, at the earliest possible opportunity, to provide for the establishment of a Bureau of Legal Affairs or similarly named division of the Secretariat and further, be it

Resolved that a Director possessing necessary qualifications be engaged."

1961

Paragraph of report agreed to at meeting:

"The establishment of permanent legal help within the framework of the Canadian Dental Association would enable a far greater continuity of effort to be applied to this increasingly important side of dentistry than is possible under the rotation principle as it presently exists with respect to the legislation committee."

1962

"Resolved that the Executive Council be requested to study ways and means of making it possible for the Council on Legislation to discharge all its functions as stated in its terms of reference."

1963

"Resolved that the Executive Council give careful consideration to retaining on a part time basis a junior member from the same legal firm represented by the Association's solicitor, who could sit in on meetings of this Board, of the Executive Council, and of other pertinent committees and councils and who would then have an up to date background of the dental problems concerning which he could advise the Association's solicitor when legal services are required on behalf of the Association."

The following observations are made respecting the 1963 resolution:

1. Junior members of legal firms change frequently and continuity may not be obtained.
2. Carrying out the intent of this resolution re attendance would involve considerable expense.
3. Any move in this direction should be carefully considered budget-wise at the present time.

Appendix H

CANADIAN SOCIETY OF ORAL SURGEONS

(Reference: 1963 Transactions page 131 item 4)

The following resolution was received from the annual meeting of the Canadian Society of Oral Surgeons which was referred for study to the Dental Services Committee.

"Whereas all the medically controlled insurance schemes will not honour claims for oral surgical services when these are rendered by dentists and dentally qualified oral surgeons, and

Whereas they will invariably pay when these same services are rendered by physicians, regardless of their qualifications and experience in oral surgery, and

Whereas some privately controlled insurance schemes tend to follow the policies as laid down by the afore-mentioned medically controlled schemes (for example, P.S.I. in Ontario), and

EXECUTIVE

Whereas this situation is not in the best public interest in that patients, for economic reasons, are being forced to seek oral surgical treatment from the medical profession, and hence are deprived of their right to choose the doctor of their choice, and

Whereas this unfair policy directly involves the livelihood of dentists especially those practising the legalized specialty of oral surgery, and, on occasion, deteriorates the quality of the oral surgical service received; therefore be it

Resolved that the Executive of the Canadian Dental Association consider the advisability of entering into direct discussion with all the insurance underwriters concerned with a view to rectifying this very unfair and discriminatory situation."

The Dental Services Committee gave study to this matter and the following is an extract from the minutes of that committee on the matter.

"In response to the President's request the Dental Services Committee offers the following observations relative to the resolution forwarded by the Canadian Society of Oral Surgeons to the Executive Council:

1. The right of the medical profession to establish plans which make exclusive provision for the services of physicians is acknowledged. There should be no obligation on the part of the medical profession to establish plans for payment for health services provided by other health service groups such as dentists, pharmacists, nurses, etc. In promoting plans for physicians' services, however, the medical profession through its own administrative agencies should assure that the purchasers of such plans are made fully aware that the plans exclude services which are not rendered by physicians and should assure that purchasers of such coverage are not permitted to infer that *all* surgical services are included.
2. Commercial insurance carriers in providing any health service benefit should assure that the policy holder may obtain the covered benefits from any practitioner legally competent to render them. For example, if compensation is to be allowed for oral surgery, all legally qualified practitioners engaged in such practice must be reimbursed. To do less is to discriminate for it is manifest patently discriminatory conduct towards dentists for an insurance company to refuse benefits on the ground that lawful treatment of the oral cavity is not compensable simply because it is not performed by a doctor with the M.D. degree.
3. The substance of item #2 above by means of an appropriate letter should be communicated to the Canadian Health Insurance Association and to each of its member companies."

Since the meeting of the Dental Services Committee further discussion of the resolution submitted by the Canadian Society of Oral Surgeons has been conducted by mail. As a result of this discussion the chairman submits the following additional statement on behalf of the committee:

The committee has since expressed the opinion by mail that the following additional observations should also be passed on to the Executive Coun-

cil for its consideration when determining final action to the original resolution.

1. The discriminatory nature of groups like Physicians' Services Incorporated or Associated Medical Services Incorporated having the right to restrict the services for beneficiaries, to members of one profession irrespective of the fact that certain covered services reside within the legal competence of members of another profession, might in a good many instances make it more difficult for patients to obtain the services. Isolated geographic areas where no physician is present and in situations where the local physician is too busy to serve additional patients but where the required services could be legally and competently rendered by a member of some other profession are illustrations of how the procurement of the services could be made difficult by the present arrangement.
2. The medical profession is numerically much stronger than the dental profession. Because of the economic influence of the larger group the medical profession can, by creating insurance plans of this nature, place economic sanctions against members of another profession which is less capable economically of establishing insurance plans for its own services. It could be considered against the public interest for the medical profession to be able to create plans which do not provide for services of any practitioner legally competent to render them.
3. In certain states it is contrary to law to attempt to provide a benefit within an insurance plan and not include all practitioners legally competent to render the services being covered. A voluntary acceptance of this principle has developed in other jurisdictions.

Appendix I

EMERGENCY HEALTH SERVICE ADVISORY COMMITTEE

Department of National Health and Welfare

A meeting of this committee was held in Ottawa, April 10th, 1964. A long agenda dealt with various health matters related to an emergency. Under the agenda item 'Health Manpower Controls' request was made that the medical, dental and nursing professions discuss the possible methods to be employed in time of emergency and make recommendation on manner of choice. For this purpose it was agreed that Emergency Health Services would prepare and submit a brief to the associations concerned. This brief was received on May 29th, copy of which follows.

Pertinent Information

The Canadian Medical Procurement and Assignment Board was established in 1943 (during World War II). After the end of the war this Board was succeeded by the Defence Medical and Dental Services Advisory Board

EXECUTIVE

which in a few years was in turn succeeded by the Emergency Health Service Advisory Committee. The CDA Secretary has been a member of all three. E.H.S.A.C. is under the Department of National Health and Welfare with the Deputy Minister of that department as chairman. The committee has control of health personnel including physicians, surgeons, dentists and nurses through action taken by the cabinet. All technical personnel related to health services are under the control of the National Emergency Manpower Authority which is under the jurisdiction of the Department of Labour.

HEALTH MANPOWER CONTROL IN NATIONAL EMERGENCY

Introduction

With the introduction of the thermo nuclear weapon and long range delivery systems, the nature and scope of warfare changed drastically. Large numbers of civilian casualties could be produced in a short space of time with the simultaneous disruption of medical services and hospital facilities.

It would be impossible in a disaster of such magnitude to take rapid action in the assignment of health personnel by name or specialty. Current planning is providing for the pre-emergency affiliation of physicians, dentists, and nurses to hospitals, emergency units, and departments of health. Unassigned personnel will be advised by radio to report to special centres for allocation. Control of health manpower consequently during this initial survival phase will be exercised through the control of organized units. However during the subsequent time periods, control will have to become more refined permitting an equitable distribution among provinces and municipalities of surviving health manpower.

Background

During World War II, the Federal Government mobilized the Armed Forces initially on a voluntary basis. Eventually registration and conscription were introduced but physicians were exempted from call-up. However by 1943, it was necessary to form the Medical Manpower Procurement and Assignment Board which functioned with the Canadian Medical Association to ensure continuity of health services in Canadian communities. Their principal role was the screening of the voluntary requests of physicians for enrolment, to prevent the depletion of doctors from certain municipalities. The Board was later responsible for the return to civilian life of certain physicians who were urgently required for specific purposes. In addition, the Board after the War assisted in the re-settlement of physicians on discharge. Although the Board was dissolved in 1946, control of health manpower has been the principal concern of first, the Defence Medical and Dental Services Advisory Board and second, of the Emergency Health Services Advisory Committee.

When the implications of nuclear attack on the North American continent were analyzed, it was rapidly apparent that any agency responsible for health manpower control, would have to take a much greater role in procurement and assignment to ensure the adequate re-distribution of surviving health manpower resources to meet the greatest needs, including those of the Armed Forces.

During the early discussion, the definition of "health manpower" included all disciplines and technologies employed in health installations. However since that time planning for a National Emergency Manpower Authority has progressed rapidly and the definition of health manpower has now been restricted to physicians, surgeons, dentists and registered nurses. Responsibility for control in an emergency has been assigned by Cabinet to the Minister of National Health and Welfare.

Present Situation

Current planning for the early phases of an attack envisages the pre-emergency assignment of all health workers to a unit or organization. Unassigned personnel would be instructed to report to special centres for allocation to units. Demands for additional administrative and logistic personnel would be directed to the National Emergency Manpower Authority.

Support initially would be provided by the movement of teams or units rather than individuals.

Dr. John Crawford, Department of Veterans Affairs has been appointed Director of Health Manpower to function as part of the emergency government organization. He has taken steps with the provincial directors of Emergency Health Services to form provincial/regional boards who would undertake the control and assignment of manpower. It was planned that these boards would include the registrars of the provincial governing bodies for physicians, dentists and nurses together with representation from their associations. Progress has been slow in creating these boards.

However, the necessary federal legislation to authorize manpower controls has been prepared on a stand-by basis. This legislation will provide for the registration of health manpower in the post-attack period. It provides for a freeze on all persons in their current positions. It permits the transfer of persons to other higher priority positions. It does not provide for compulsory enrolment in the Armed Services nor assignment outside North America.

The Problem

Although these regional boards when constituted would possess the authority and the detailed knowledge necessary to arbitrate conflicting demands for manpower, they would not possess the organization necessary for the collection of information on surviving manpower resources by name and location through post-attack registration.

In addition they would possess no guaranteed administrative or communications capability to transmit assignments from the Board to the individual who is expected to take action. Such assignments would have to be accompanied by priority for travel if they are to be effective.

In summary, although we would possess the ability to make decisions, we do not now have the administrative framework in which these Boards would operate.

At present, the National Emergency Manpower Authority has developed an administration down to municipal level for the control of all other classes of professional and non professional manpower.

EXECUTIVE

Your association is requested to express an opinion on the acceptability to the members of your profession of a proposal that the administrative requirements of the Health Manpower Procurement and Assignment Board be handled through the National Emergency Manpower Authority.

Appendix J

EXHIBITING CARBONATED BEVERAGE PRODUCTS AT C.D.A. ANNUAL MEETINGS

At the request of the Executive Council the Council on Research has studied the policy of the Association respecting exhibiting carbonated beverage products at Annual Meetings (Trans. C.D.A. 1960, p. 22). The need for review arose out of an enquiry from a soft drink manufacturer as to whether the low-carbohydrate carbonated beverages should be considered in the same light as regular soft drinks containing high amounts of sugar. There are two characteristics of regular carbonated beverages that may be of concern to dental health, namely high sugar content (about 10%), and the low pH (2-3). In theory the former may play a role in caries production, and the latter may simply bring about decalcification of enamel. The part of sugars dissolved in liquid in caries production is probably limited because they are cleared from the mouth so quickly. Ingestion of Cola beverages for example, has little effect on the pH of dental plaque.

Since the newer "sugar-free" beverages contain little or no fermentable carbohydrate this is of no consequence to present deliberations. Their pH however, is the same as that of other regular carbonated beverages and low enough to decalcify tooth enamel. Under conditions of moderate use (say one or two bottles per day) it is not likely that measurable demineralization would result, although to my knowledge this has never been studied. With daily consumption of more than two or three bottles there is sound theoretical reason to believe that harmful decalcification could result. The amount of decalcification would depend on both the frequency and the mode of consumption, (e.g. whether through a straw or not). In any case there is nothing contained in these beverages that is of benefit to people, and their utilization may occur at the sacrifice of other more beneficial beverages, particularly by young people.

Since the low sugar carbohydrate beverages have nothing to offer of benefit to people, and may result in dental harm, there seems to be no justification for altering the present policy of the Canadian Dental Association with respect to displaying carbonated beverages at Annual Meetings. The C.D.A. should not follow a policy which could be interpreted as encouraging consumption of these beverages.

Appendix K

*STATEMENT ISSUED JUNE 22, 1964, BY EXECUTIVE COUNCIL
OF CANADIAN DENTAL ASSOCIATION REGARDING ROYAL
COMMISSION ON HEALTH SERVICES REPORT*

The Royal Commission on Health Services has drafted a much needed blueprint for Canada's health planning which will be a valuable reference for years to come. The Hall Commission is to be congratulated for the thoroughness of its three-year investigation.

The first volume of the Commission's report — almost 1,000 pages — has just been received. Officers of the Canadian Dental Association began their annual meeting in Edmonton today. They have not yet had the opportunity to read — let alone digest — the voluminous report. Such an impressive document requires intensive study by all agencies concerned with the health of Canadians. The Canadian Dental Association certainly will give the report the serious consideration it merits.

Like the Commission, the national dental organization believes wholeheartedly that the best possible health care should be available to the people of Canada. As it has said for many years, the Canadian Dental Association repeats now its willingness to cooperate in devising means of improving the level of dental health of the Canadian people.

The Commission's recommendations concerning dental health will be studied closely and carefully by the Association in the next few months. Only after such a review can comments be made upon the wisdom of specific recommendations.

Suggestions which dentists believe will raise the level of dental health of their fellow citizens will receive the support of the dental profession.

COMMENT AND ACTION

1. Information.
2. Noted.
3. (a) Noted with appreciation.
(b) Agreed.
4. (a) Information.
(b) Information.
(c) Information.
(d) Noted with commendation.
(e) Agreed.
(f) Agreed.

Whereas the Canadian Dental Association for years has invited official representatives of the American Dental Association

EXECUTIVE

and the British Dental Association to attend its annual meeting, be it

Resolved that the Executive Council review the policy of the C.D.A. regarding the official invitations it sends out to national associations in order to assess the advantages of extending invitations to presidents of other national bodies.

(g) Noted with appreciation and commendation.

ADOPTED

5-6. Information.

7. Noted.

8. Information.

9. Noted.

10. We concur.

11. Agreed.

12. Agreed.

13-16. Noted.

17. Approved.

18-19. Information.

20-22. Noted.

23. Approved with commendation.

24. Approved wholeheartedly.

25. We concur.

26. Noted.

27-28. Approved.

29. Information.

30. Noted.

31. Information.

32-34. Noted.

35. Information.

36-37. Noted. Because of the importance of this matter, which is interprovincial in scope, the subject is referred back to the Executive Council for further consideration. It is suggested that the Executive Council arrange for representatives of the Association to meet with appropriate officers of the Canadian Health Insurance Association, the Canadian Medical Association and Trans Canada Medical Plans in respect

of the problems presented in the resolution of the Canadian Society of Oral Surgeons.

38. Information.

39. Noted.

40-41. Information.

42-44. We concur.

45-46. Noted.

47. We concur.

48-50. Noted.

51. We concur.

52. Information.

53. We concur.

54. Information.

55. Noted.

56-57. Agreed.

58. Information.

59. Agreed.

60-61. Information.

62. Noted.

63-67. Agreed.

We congratulate the Executive Council on their accomplishments for the past year and recommend the adoption of their report.

APPROVED

FUND FOR DENTAL EDUCATION

TRUSTEES: *James D. McLean, Chairman, Halifax; M. E. Bower, Vice Chairman, Toronto; Louis P. Lepine, Montreal; Wesley P. Munsie, Vancouver; Harvey W. Reid, Toronto.*

REPORT

1. The Trustees of the Canadian Fund for Dental Education welcome and appreciate very much this opportunity to speak to you on the activities of the Fund. Because copies of the Annual Report and Financial Statement have been forwarded to you previously, and because we are fully aware of the large volume of business before you, this report will be limited to the highlights of the year's actions. Further, I shall be pleased to try to answer any questions which you have in your minds concerning the Fund, and to receive any suggestions you may care to offer.
2. Since last reporting to your Board, the Trustees of the Fund have held two meetings. The first one was on September 30, 1963, and the second which was the first Annual Meeting, was held on March 15 and 16, 1964. Activities during the first year of operation were devoted largely to organization, planning and to publicizing the efforts and objectives of the Fund.
3. The two Toronto Trustees were appointed a Committee on Public Information. Mr. M. E. Bower, as Chairman, and Dr. H. W. Reid, with the co-operation of the Secretary, Ken Croft, have been most active. All members of the Canadian profession were circulated in June of 1963 with a pamphlet entitled 'Dollars for Dentistry', which outlined the purposes of the Fund and solicited support from individual members. A subsequent French language version was prepared and distributed to our French-speaking colleagues. A 'follow-up' letter was sent to each local and provincial dental society in the autumn, requesting their assistance in encouraging individual members to offer tangible support to the Fund.
4. To Mr. K. L. Croft, our Secretary, goes the major credit for the attractive, comprehensive brochure 'Living Memorials in Dental Education'. This pamphlet, outlining the opportunity presented to make contributions to the Fund in memory of departed friends and colleagues, was also given wide distribution to the profession. Notification is promptly sent to the next-of-kin. Several dental organizations have shown an interest in using this form of tribute, and where this is being done on a regular basis, the Trustees have agreed to offer a supply of the 'In Memoriam' cards to be used by the officials of the society so that notification can be as prompt as possible. This idea may commend itself to your Board.
5. Exhibit placards have been distributed to companies who have contributed to the Fund, and it is anticipated that these will be displayed by exhibitors at the coming convention and on other suitable occasions. The placards are intended to recognize the interest and support of the donor companies and to act as a reminder to all who see them of the Fund's existence.
6. At the Secretaries' Conference last autumn, and again at the meeting of the Executive Council of the Canadian Dental Association in February,

representatives of the Fund were graciously received and permitted to present brief reports.

7. The Trustees wish to recognize publicly and to express their very deep appreciation to the editor of the Journal of the Canadian Dental Association, Dr. Frank Compton, for the fine publicity which he has given to the Fund on a number of occasions.

8. For the first year of its operation ending December 31, 1963, the Fund received contributions slightly in excess of \$25,600 leaving a net income of \$24,574 after all expenses had been deducted. This has been a significant beginning and we look forward to greater development in the years ahead. Slightly more than one half of the receipts were from members of the dental profession and dental organizations. We should like to express our gratitude for the further generous donation made by the Canadian Dental Association in 1963, which, it is understood, is to be continued in the current year. For this and other highly valued services we are indeed most appreciative.

9. The dental trades in Canada contributed almost \$12,000 during 1963 and have given every indication of continued and increasing support. They have contributed over \$10,000 so far in 1964. The support of the dental trade has been a source of great encouragement. To our Vice Chairman, Mr. M. E. Bower, goes the full credit for presenting the objectives of the Fund to his associates in such a productive manner.

10. Attempting to balance a desire to engage as actively and extensively as possible in supporting worthy projects with the necessity of obtaining financial stability, a sum of \$6,000 was allocated for grants in the 1964 fiscal year. More will be said about this presently.

11. Additional receipts to the time of the Annual Meeting in March, 1964, together with anticipated revenues, led to the decision to invest \$30,000 in long term securities to be held in trust for the Fund. It was further decided that a maximum of \$3,000 was to be held in current account at any one time, any additional money received to be invested in short term securities, thus ensuring that the funds would be as productive as possible.

12. During the year, the Council on Education of the Canadian Dental Association, the deans of the several Canadian dental schools, and others were polled for advice as to the manner in which the Fund could be of greatest assistance to Canadian dental education at this time. The consensus clearly indicated that support for teacher-training projects was the prime need. Accordingly, the sum of \$6,000 was appropriated to support a worthy student or students during 1964, and each of the dental schools was so notified. It will be noted that consistent with the overall objectives of the Fund, as few restrictions have been placed on the kind of support as possible. Thus the resources of the Fund may be used to augment or complement the work of other agencies having similar programs but inadequate resources or restrictive regulations, preventing them from adequately supporting desirable candidates.

FUND FOR DENTAL EDUCATION

13. In conclusion, Mr. Chairman, we believe that the Canadian Fund for Dental Education has been launched with at least a modest degree of success in this its first year. Should members of this Board or indeed of the profession, either individually or collectively, have comment or suggestions to offer, please be assured the Trustees will welcome them wholeheartedly.

14. Once again, the profound thanks of the Canadian Fund for Dental Education is offered to the Canadian Dental Association for the invaluable assistance which it continues to render.

COMMENT AND ACTION

This report is presented for information only. The Fund, being an autonomous organization, is not required to report to the Canadian Dental Association.

1. Noted.
- 2-3. Information.
4. To be commended.
5. Noted.
6. Information.
7. Noted.
8. Information.
9. Noted with appreciation to the dental trade and particularly to Mr. M. E. Bower.
- 10-12. Noted.
13. Information.
14. Noted.

We recommend that the report of the Trustees of the Fund for Dental Education be gratefully received.

APPROVED

MEMBERS: *R. P. Lowery, Chairman, Toronto; H. W. Reid, Toronto; G. V. Fisk, Toronto.*

REPORT

1. At long last your committee can report adequate and serviceable accommodation for the foreseeable future at 234 St. George Street. An illustrated article in the March issue of the Journal described the addition to the building. The Treasurer's report to this meeting includes the financial aspects of this project.
2. Considerable repair and maintenance procedures, as related to the older portion of our property, are being attended to and we can anticipate a completed operation at an early date.
3. We wish to express our appreciation to the Board of Governors and to the Executive Council for their continued confidence and encouragement and to the administration staff for their ever present co-operation and extended patience during these many years of reconstruction.
4. We now have a national centre of which we all may be justly proud.

COMMENT AND ACTION

1. Information.
2. Information.
3. Concur.
4. Concur with hearty commendation.

We recommend the adoption of the report of the Headquarters Property Committee.

APPROVED

MEMBERS: *A. A. Antoni, Chairman, Toronto; T. B. Van de Mark, Toronto; R. E. Booker, Kitchener; A. S. Brown, Toronto; D. M. Wallace, Agincourt; C. H. Moses, Toronto; Clayton Cummings, Ottawa; Antoine Raymond, Montreal.*

REPORT

1. The committee held three meetings during the year beginning June 11, 1963, and ending June 27, 1964.

2. The amount of correspondence was again voluminous. Interest in hospital dentistry still seems to be on the increase and this has stimulated many enquiries from all over the country. The small booklet entitled "Hospital Dental Services" published by the Canadian Dental Association, and including "Model By-laws for Public Hospital Dental Service", "Policies and Regulations governing Hospital Dental Services", "Rules and Regulations Controlling Dental Staff Privileges in Hospitals", "Model Application for Appointment to the Dental Staff", "Model Application for Specialty Privileges in Hospital", has been of incalculable help in answering all these inquiries. It should be noted that this booklet is bilingual.

3. At the request of this committee, formal application was made by the Canadian Dental Association for a seat on the Canadian Council on Hospital Accreditation. This request was turned down because the Board of Directors of the Council resolved that "the Constitution of Council should not be changed at this time to enlarge the membership". The letter from Dr. William Taylor, Executive Director of the Council, went on to say that "the Board of Directors of Council wishes to reaffirm its position with respect to dental services in hospitals (evidenced by the enlarged sections on dental services and dentists' work in recent Council documents) and further expresses to the Canadian Dental Association the wish of the Board of Directors for such future cooperative effort between our two bodies as will assist in continuously elevating the standards of dental work and dental patient care in Canadian hospitals".

4. This committee strongly advises that all dentists, especially those on staff of hospitals should procure copies of the following publications which are available at \$1.00 each, prepaid, from the Canadian Council on Hospital Accreditation, 150 St. George Street, Toronto:

(a) "Standards for Accreditation of Canadian Hospitals, 2nd edition, Jan. 1963". (Your attention should be particularly focussed to pages 14, 15 and 16.)

(b) Application of the Standards in smaller and special hospitals, published by the Canadian Council on Hospital Accreditation in January, 1963. (This committee refers you to page 2, section 2 and to page 12.)

(c) Accreditation Guide No. 3, published June 1963. Page 5.

5. Dr. W. J. Dunn, Secretary-Registrar of the Royal College of Dental Surgeons of Ontario, and Dr. A. A. Antoni, chairman of this committee, met on three occasions with the joint working committee of the Ontario

Hospital Services Commission in an effort to amend the general regulations enacted pursuant to the Public Hospitals Act to permit a regulatory environment for hospital dental services consistent with the provisions recently approved by the Canadian Council on Hospital Accreditation. This report can do no better than to quote from Dr. Dunn's report to the Directors of the Royal College of Dental Surgeons of Ontario on February 25, 1964.

"On Friday February 21, Dr. A. A. Antoni, chairman of the Hospital Services Committee, Canadian Dental Association, and your Secretary met with the Joint Working Committee on Public Hospital Act Regulations. I am unaware of any regulatory provision we sought which was not granted. The new draft regulations define attending dentist, dentist and dental staff. Consistent with the appropriate section of the statute a regulation now provides that the Board of a hospital may provide in the hospital by-laws for the appointment and functioning of a dental staff and a Chief of the dental staff and also a method for determining the professional privileges granted to each dentist on the dental staff".

As a result of these deliberations it was proposed that

"No person shall be admitted to a hospital for treatment by a dentist except:

(a) When the dentist is of the opinion that it is necessary for the person to be admitted to the hospital as an in-patient, and

(b) On the joint order of a dentist and of a medical practitioner who are members of the staff of that hospital".

Lastly, a new section is proposed to provide for the full authority of the dentist to write or telephone all necessary orders respecting the patient he has admitted to hospital.

6. A request for the R.C.D.S. of Ontario to be represented on the Joint Working Committee was unanimously carried.

7. It would seem to the Hospital Services Committee that this procedure of meeting with the appropriate body can well be adopted by Corporate Members, in those provinces where the hospital act is not conducive for dentistry to provide its full potential in hospitals.

8. This committee was informed that the Council on Education had considered its repeated requests that consideration should be given to the problem of setting up definite instruction on hospital policy, hospital technique and hospital training in general to the dental undergraduate and that the following resolution was adopted:

"That Council (on Education) has discussed with concern the request of the Hospital Services Committee for a conference on the subject of hospital training at the undergraduate level and urges the dental schools to review their action on this phase of their training with a view to helping Council in planning a conference on this topic in the near future".

9. A questionnaire was sent to a number of Ontario hospitals by the Registrar of the College of Physicians and Surgeons of Ontario. The question-

HOSPITAL SERVICES

naire was not particularly lengthy and had to deal with the standards for specialty certification in oral surgery, the mode of admission of oral surgery patients to hospital, the number of certified oral surgeons in the hospital, and the spelling out of their privileges and finally the type and number of oral surgical procedures carried out in the hospital for the year 1962-63.

10. In the past, a hospital with an approved dental service would proceed to establish a dental internship (general or specialty) at the given consent of the Board of Governors of the hospital. After this internship had functioned for a year or two and had proven itself, the hospital then sought approval for this internship through the Hospital Services Committee and the Council on Education of the Canadian Dental Association. With the advent of hospital insurance it appears that this system will no longer work, because the hospital commissions will not reimburse a hospital for an internship until it has first been approved by the appropriate body, so that hospital boards will no longer sanction an internship unless they are first assured that they will not be held responsible for its financial obligations. Several hospital dental departments are experiencing difficulty in establishing an internship or maintaining one that has not already been approved.

11. The dental departments and dental services of the following hospitals were approved during the past year:

Ottawa Civic Hospital, Ottawa, Ontario

Scarborough General Hospital, Scarborough, Ontario.

12. The terms of office of Dr. R. E. Booker and Dr. A. S. Brown as members of this committee expire this year. The committee has made recommendation to the nominations committee to fill these vacancies.

13. The chairman again wishes to thank all the committee members and all others who helped the committee this past year. In a committee of this type it is difficult to get the members together at any specified time, and so the committee has to rely on the written comments, suggestions and material provided by the distant members. This works out very well, and the chairman particularly wishes to single out Dr. J. C. Cummings of Ottawa for his outstanding contribution.

14. The chairman and committee take this opportunity to express a vote of thanks to Dr. D. W. Gullett, retiring Secretary, for his interest and assistance throughout the years.

15. *Recommendations*

(a) That a special sub-committee be named to continue negotiations and maintain liaison with the Canadian Council on Hospital Accreditation.

(b) That provincial committees, with liaison with the chairman of this committee, be set up to deal with governmental, medical, hospital and insurance bodies at a local level as required. Every gain at a provincial level makes the national position much stronger.

(c) That a conference on hospital training at the undergraduate level in our dental schools be instituted without further delay.

(d) That the hospitals which are now providing short courses (e.g. Scarborough General Hospital which has presented a one-week course in hospital training for the general practitioner) be congratulated and encouraged to continue. Others should also be encouraged to follow the good example.

(e) That the Committee continue to keep abreast of developments resulting from the questionnaire referred to in paragraph 9.

(f) That hospitals with approved dental services which feel that they can provide a worthwhile dental internship should seek approval for same and provide their hospital board with a letter from the Canadian Dental Association to this effect, so that the hospital board in turn will be able to negotiate for the establishment of the internship with the proper commission.

COMMENT AND ACTION

1. Information.
2. Noted with approval.
3. Noted.
4. Approved.
5. Noted with interest.
6. Noted with satisfaction.
7. Agreed.
- 8-10. Information.
11. Noted.
12. Noted. The contributions of Drs. Booker and Brown greatly appreciated.
13. Approved.
14. We heartily concur.
15. (a) Concur.
(b) Agree, and submit the following resolution.

Resolved that the provincial bodies be encouraged to establish committees on hospital services to deal with governmental, medical, hospital and insurance authorities at a local level, as required, and that close liaison be established with the Committee on Hospital Services of the Canadian Dental Association.

ADOPTED

- (c) Approved.
- (d) Agreed.
- (e) Agreed.
- (f) Approved.

We recommend the adoption of the report of the Hospital Services Committee.

APPROVED

MEMBERS: *J. D. Purves, Chairman, Toronto; E. R. W. Bilkey, Toronto; J. A. Fortier, Montreal; J. E. Tilson, Toronto; J. M. Phillips, Oshawa; A. H. Leckie, Hamilton.*

REPORT

1. The Council on Journalism considers its achievement in 1963 most vital. Despite this achievement, the challenges and demands on those functions of one of the media of communication to the dentists of Canada is ever apparent.
2. The scope and speed of socio-economic developments in all areas of Canada require a constant demand that such information be brought immediately to the dentists of Canada.
3. Demands upon editorial space for scientific articles, Association reports and surveys, provincial and faculty news, book reviews and special reports, have, unfortunately, produced a backlog of material which results in delayed publication. Such delays extend up to nine months. Present Association policy requires a Journal of seventy editorial and forty advertising pages per issue with slight variation. Budgetary considerations affecting number and type of illustrations, colour and Journal makeup are limiting factors in meeting this delay.
4. Net cost to the Association per volume (12 issues) was \$2.26 in 1963 — a relatively small amount in relation to the stature and importance of this quality Journal.
5. Increased costs involved in the increase of Journal size reflected in increased printing, commission, cuts and postage would require a further increase in the Journal underwriting from the Association. Economies can be secured in publishing exact 16 page forms and also through the integration of French and English sections which would provide a saving of six to eight pages per year through elimination of the extra masthead.
6. Projections for 1964 indicate a possible increase in printing charges. Advertising revenue is expected to remain essentially static.
7. The Council recommends that another readership survey be instituted during 1964. The value of this survey in relationship to advertising revenue is well recognized.
8. The chairman wishes to express his deep appreciation to the editor Dr. Frank Compton, the French section editor Dr. Gerard de Montigny, the managing director Dr. Don Gullett and the publisher Mr. Gordon Allen for their concerted efforts on behalf of the Journal.
9. The Editors' reports appear as Appendix A and B.
10. The audited financial statement appears in the report of the treasurer.

REPORT OF THE EDITOR

1. The material published during 1963 in the *Journal of the Canadian Dental Association* is shown in the following table:

MATERIAL	ITEMS			PAGES		
	Section		Com- bined	Section		Com- bined
	Eng.	French		Eng.	French	
Original articles*	42	19	61	312½	119½	432
Case reports*	11		11	44		44
Annotations*	20		20	15		15
Abstracts	12	16	28	9½	14½	24
Editorials	23	13	36	26½	18	44½
Bureau-Committee- Council reports	7	(5) #	8	33		34
					(26) #	34
News				113	36	149
Correspondence	3		3	2		2
Book reviews	46	2	48	24	1	25
Death notices				13½		13½
Additions to library				7		7
Conventions				15	5½	20½
C.D.A. Retirement Savings Plan				8		8
Income Tax				3½		3½
Announcements				12		12
Annual index				7½	2½	10
Total editorial matter				646	198	844

*Professional papers.

Four of these reports were bilingual and are included under the English section.

2. As in 1962, 76.5 per cent of editorial content was devoted to the English section and 23.5 per cent to the French section.

3. Eighty-eight professional papers (original articles, case reports and annotations) were submitted to the English section last year. Seventy-three were published. Seven articles were considered unsuitable for publication and returned to their authors. Seven other articles were returned with suggestions for improvement to bring them to a standard suitable for publication, but

JOURNALISM

no further action ensued. The content of a further article submitted to the *Journal of the Canadian Dental Association* as well as to medical and legal journals was published as an annotation in March of this year.

4. The special issue of the *Journal* on periodontics, published in May 1963, was well received by the profession in Canada and abroad. A similar special issue on operative dentistry was scheduled for May of this year.

5. Four reports from the Bureau of Economic Research were published simultaneously in English and French for the first time last year. Simultaneous bilingual publication brings this information to readers of both language groups at the same time and also permits a modest saving of journal space, particularly in tabular matter. As a result, last year's actual French language content somewhat exceeded the percentage quoted in paragraph 2 of this report. This year simultaneous bilingual publication is being extended to certain additional reports of councils and committees in order that all members of the Association may have an opportunity to study them prior to the annual meeting of the Board of Governors.

6. Once again the *Journal* attracted considerable attention at home and abroad. This is reflected by the many Journal articles reprinted, translated or abstracted in domestic and foreign publications. For instance, the December 1963 issue of a Belgian dental journal contained no less than 16 abstracts of articles recently published in our own Journal. Last year the article by I. W. Outerbridge entitled "Relationship of the health professions to current socio-economic changes; the comparable legal position of practitioners," published in September 1963, was more extensively reprinted or translated in domestic and foreign medical, dental and other publications than any previous Journal article.

7. The supply of manuscripts and other editorial matter submitted to the *Journal* continues at a very satisfactory level. A typical 70-page issue of the *Journal* contains from six to eight English and French professional papers. This permitted publication of 92 English and French professional papers during 1963.

8. During the first three months of 1964 the *Journal* accepted 38 English professional papers. This alone represents 41 per cent of the total professional papers published in 1963. Fifteen English (and 5 French) professional papers were actually published during the first quarter of this year. Twenty-three further English papers were tentatively assigned to mid-year through to September. At the 70-page per issue content (determined by economic factors), the present rate of acceptance of professional papers exceeds the available Journal space and results in delayed publication of many papers. This is disturbing to authors who seek a Canadian outlet for their work and who wish to have their articles published before their findings become obsolete. It also discourages others from writing. The problem is aggravated by demands for additional space for other material, notably bureau-committee-council reports, news of dentistry, letters to the editor, notice of dental meetings, Association retirement savings and insurance programs, and so forth.

9. Several innovations were introduced at the beginning of this year to improve the appearance of the *Journal*. Variation in the design of heads and by-lines, greater flexibility in the layout of illustrations, and a modest use of colour are some of the methods which can improve visual appeal and thereby enhance reader interest.

10. Procedures governing the reproduction of copyrighted material from the *Journal* and the purchase of reprints were reviewed by the Council on Journalism last year. One result has been the formulation of rules controlling the use of *Journal* reprints. Their purpose is to protect authors and the Canadian Dental Association against commercial exploitation or misuse of *Journal* reprints.

11. Last year the Council on Journalism gave preliminary consideration to conducting a reader opinion survey. Ten years have elapsed since a survey was last undertaken. A survey that measures the *Journal* in terms of visual impact, authoritative content, and range of subject matter would be useful in determining whatever changes might prove desirable at this time. The Council intends to give further consideration to this matter.

12. Individual members and groups frequently offer valuable suggestions regarding subject matter that they would like to have included in the *Journal*. Such expressions of interest are highly valued by the editorial staff. But unfortunately we cannot accede to every request because of space limitation and other factors. Nevertheless, we hope that readers will continue to exercise to the utmost their privilege of commenting freely on all aspects of the *Journal*.

13. Again, I desire to express appreciation to all those who have cooperated in the work of the *Journal* during the past year. Special recognition is due to those who have given willingly of their time and knowledge in reviewing manuscripts and preparing book reviews.

Appendix B

REPORT OF THE FRENCH EDITOR

1. The editor of the French section of the *Journal* is rather reluctant to write a report as, according to the adage, "No news is good news", the past year was uneventful as far as the work of the French section is concerned.

2. The collaboration to the section was plentiful; the editor, as a matter of fact, has on hand a certain number of articles that shall be published during the coming months. The quality of the manuscripts that were submitted was above the average. The series of lectures given since a few years to the freshmen class of the students of the University of Montreal on the art of scientific writing and to which participates generously the Editor, Dr. Frank H. Compton, is starting to pay dividends in that respect.

3. Writing is an essential part of the scientist's profession. The final and in some respects the most important stage of any scientific investigation is the preparation of the results for publication. After a scientific or technical worker, or even an investigator of specific literature written on a definite subject, has done a good piece of research work, he should present the results to his colleagues in the best form possible. Failures to do so, as may be noted in many cases, may largely discount the value of the work itself. The French section endeavours to invite research workers in the dental field, professors in dental schools, young graduates engaged in courses leading to Ph.D. or Master's degrees to prepare reports on their work in order that the profession in general be aware of their efforts and take benefit of their advanced dental education.

4. A defect — if one can apply such a word to scientific or socially-minded articles — that was generally noticed in the material that was recently submitted for publication is its length. Some professional writers do not seem to realize the importance of preparing a manuscript for the publication for which it is meant. The dentist who is preparing an article for the *Journal of the Canadian Dental Association* should be familiar with the nature of the publication and should plan his article according to the usual pattern followed by that publication. One realizes on the other hand the difficulty encountered in the abbreviation of a report or of an article. But the French section, within the sixteen pages that it is allotted each month, cannot publish articles that are monographic in character.

5. It has been said on many occasions that the Association is fortunate to have a *Journal* which is bilingual, that is French and English. Internationally, this situation represents a big asset in value of readership, influence and specificity. The policy of the Association in adopting the bilingualism for its official publication is based on realism and clairvoyance. In order to be logical with this policy, the *Journal* could adopt for its French section a type that is French in character and in spirit. Because, as we should know, the mentality of a language has a bearing on types used for its written expression.

6. One could notice again this year the interest that our *Journal* arouses in foreign countries where French is spoken and read. Abstracts of articles published in the *Journal*, reproduction in extenso and a great number of demands for reprints from all over the world are proofs that the *Journal* of the Canadian Dental Association is known in many continents, Continental Europe, Middle East, South America and Africa.

7. In relation to international matters, some thoughts should be given to the representation of the C.D.A. to the World's Fair that is to be held in Montreal in the summer of 1967. The *Journal* should occupy a prominent spot in the booth that the Association may undoubtedly put up for the foreign dentists coming to Canada on that occasion.

8. As you all know, the May issue of the *Journal* was dedicated to Operative Dentistry. On that occasion, the two sections were integrated and the separation between the English and the French sections was abolished. This integration had been accomplished once before on the occasion of the publi-

cation of Civil Defence material provided by the Department of National Health and Welfare. The reaction of some *Journal*-conscious members of the Association to such a move was excellent and these members suggested that this policy be adopted for all issues. The main objective of such a proposition is that it would lead the members to peruse all the pages of the *Journal* and acknowledge all the editorial matter written either in French or in English. There may be English-speaking members who never take the trouble of turning the pages up to the French section and the same situation may be true for some French-speaking members regarding the English section. The editor is of the opinion that such a move would represent a practical way to have both ethnical groups know one another better.

9. The collaboration of the assistant-editors, although greatly appreciated, was somewhat spasmodic. But their cooperation, when solicited, was genuine and gracious.

10. The editor of the French section wishes to offer to the Editor Dr. Frank H. Compton, his most sincere thanks for his fine collaboration during the past year.

11. The report of the French editor is the last one that is presented before the Managing Director retires at the end of the year. May the editor of the French section join his modest contribution to all others that shall come from different sources to extend to Dr. Don Gullett his sincere appreciation for the cooperation that he received at all times.

COMMENT AND ACTION

1. Information.
2. Agreed. A resolution will support this paragraph.
3. Information.
4. Commendable.
5. Agreed. A resolution will support this paragraph.
6. Information.
7. Agreed — subject to the approval of the Executive Council.
8. Noted with appreciation.
9. Information.
10. Approved.

Report of the Editor — Appendix A

- 1-3. Information.
4. Noted.
5. Commendable.
6. Noted with satisfaction.

JOURNALISM

7. Noted.
8. Agreed. A resolution will support this paragraph.
9. Noted with commendation.
10. Concur.
11. Agreed — subject to approval of the Executive Council.
12. Agreed.
13. Concur.

In support to paragraphs 2 and 5 of the report of the chairman of the Council on Journalism and paragraph 8 of the report of the Editor we present the following resolution.

Whereas the present size of the *Journal* of 70 pages per average issue results in delayed publication of professional papers and other information of importance to the profession, and

Whereas resolution of this problem is dependant on an increase in the size of the *Journal*, and

Whereas increased size of the *Journal* is necessary to facilitate timely publication of professional papers and information of importance to the profession, therefore be it

Resolved that Council on Journalism study and implement methods of expanding the size of the *Journal* to meet increased demand for editorial space.

ADOPTED

Report of the French Editor — Appendix B

1. Information.
2. Commendable.
3. Noted.
4. Concur. Should be brought to the attention of the Council on Journalism.
5. Concur. To be considered in the future by the Council on Journalism.
6. Gratifying.
7. Concur. Should be brought to the attention of the Deputy Secretary.
8. The following resolution in support:

Whereas the *Journal of the Canadian Dental Association* is a bilingual publication and

Whereas English and French editorial matter has hitherto been published in physically separate English and French sections of the *Journal*, and

Whereas this separation adversely affects the publication of editorial matter, and

Whereas this separation discourages readers of one linguistic group from studying material published in the other language, and

JOURNALISM

Whereas other domestic and foreign multilingual publications do not practise such rigid linguistic separation, and

Whereas the experimental integrated May 1964 issue of the *Journal* has met with favourable response, therefore be it

Resolved that physical separation of French and English editorial matter be discontinued in future issues of the *Journal* as far as possible.

ADOPTED

9-10. Noted.

11. Concur.

We recommend the adoption of the report of the Council on Journalism.

APPROVED

LEGISLATION

MEMBERS: *A. H. Crowson, Chairman, Ottawa; F. K. Currie, New Westminster; J. B. Rumberg, Winnipeg.*

REPORT

1. As reported elsewhere, the interests of the dental profession have been put forth by the Association in recent briefs to the Royal Commission on Health Services, the Royal Commission on Taxation and the Senate Committee on Aging. No federal legislation on these subjects has resulted as yet. One matter of interest at the federal level is the bill seeking incorporation of the Royal College of Dentists. Details are reported elsewhere. On the provincial level five Corporate Members report activity.

Quebec

2. Article 39 of the by-laws of the College of Dental Surgeons of the Province of Quebec has been completely remodelled to give more accuracy and uniformity to the requirements of specialty certification. The College now recognizes specialists in oral surgery, orthodontics, periodontics and prosthodontics. The College has ceased to recognize dental public health as a specialty but permits nine holders of certificates to continue to carry the title of specialists.

Ontario

3. The Royal College of Dental Surgeons of Ontario reports by-law changes and comments on subjects of possible legislative significance.

4. The request to have dentistry represented on the Committee of Enquiry which is hearing comments on Bill 163 — An Act Respecting Medical Services Insurance was rejected. The bill excludes dental services but includes some services which may be performed legally by either a physician or a dentist. Benefits for these services are payable only if the services are performed by physicians. It appears that administration of present medical care plans may be employed if and when benefits are extended to include dental services. The dental profession has suggested to the Committee of Enquiry a list of services for which the bill should provide payment to dentists.

5. The Ontario Legislative Committee of the International Railway Brotherhood presented a brief to the Ontario government which included a request that dental mechanics' legislation similar to that in effect in Alberta and British Columbia be enacted in Ontario. When asked by the Minister of Health for comment, the RCDS informed him that the dental profession in Ontario is strongly opposed to such legislation as it is not in the best interests of the public.

6. New draft Public Hospitals Act Regulations have been prepared which are consistent with recommendations of the RCDS. (See Hospital Services report.)

Manitoba

7. Attempts were made by ethical technicians and by "denturists" to have bills enacted by the provincial legislature. The government has appointed a

nine-member committee of the legislature "to examine, investigate, inquire into, study and report on all matters relating to the determination of the proper role to be filled by dental technicians and denturists in the provision of dental services consistent with sound public health policy and to make such findings and recommendations as are deemed advisable".

Alberta

8. This year The Dental Association Act was opened with the intention of giving additional powers to the Alberta Dental Association, transferring election procedures to by-laws, permitting the association to engage in dental service plans and changing and adding to the association's disciplinary powers. Specific changes to the by-laws have not yet been completed.

British Columbia

9. (a) Approval was granted by Lieutenant Governor in Council on December 23, 1963, to amendments to rules, regulations and by-laws of the College of Dental Surgeons of British Columbia.
- (b) The amendments provide that the Council of the College may require any member who, in the opinion of the Council is performing sub-standard dental services, to be re-examined and authorizes Council to suspend such members from practice.
- (c) The Council is authorized to review, on application of a patient, any dentist's account and, under certain conditions, to establish the amount to be paid to the dentist.
- (d) Regulations concerning dental hygienists are included in the amendments and contain a list of duties which may be delegated to dental hygienists. Three new duties have been added:
 - (i) applying emergency or temporary sedative dressings to hard or soft tissues;
 - (ii) the production of study models, face-masks, pre-operative pictures, etc.;
 - (iii) the fabrication and fitting of removable prosthetic appliances including the necessary intraoral procedures, but excluding diagnosis, treatment planning and surgery of the oral tissues.

A section has been added which allows dental laboratory technicians to apply for a permit as a dental hygienist. (See Auxiliary Services report.)

- (e) The section concerning dental laboratory technicians formerly contained the following paragraph:

"It shall be deemed an unprofessional act for any person registered under this act to co-operate with any technician by extracting teeth, taking impressions or further service unless he has reason to believe that the prosthetic appliance will be fitted and adjusted by a person registered under this Act."

The paragraph has been changed as follows:

"It shall be deemed an unprofessional act for any person registered under this Act to take impressions, extract teeth or perform other

LEGISLATION

professional services preparatory or incidental to the insertion of a prosthetic appliance, unless he has reason to believe:

- (a) that the prosthetic appliance will be fitted and adjusted by a person registered under this Act, or
- (b) that impressions have not been taken and that a prosthetic appliance will not be fitted and adjusted within twenty-one (21) days after the rendering of such service or services."

(f) A new paragraph has been added:

"The completion and signing of a Certificate of Oral Health in Form A of the Schedule to the Dental Technicians Act Amendment Act, 1963, shall not constitute unprofessional conduct when the maxilla of the patient is edentulous and it is for the maxilla that the denture is to be fabricated and/or when the mandible is edentulous and it is for the mandible that the denture is to be fabricated."

Summary and Comment

10. Again, within the past year, as noted above, legislative changes have been made or proposed in various provinces, and all the evidence indicates that pressure will be brought to bear on provincial governments by interested parties in this field ad infinitum.

11. This Council therefore feels most strongly that the time has now arrived for the immediate establishment of a central legal bureau at the Canadian Dental Association headquarters. Such a bureau, if requested, could assist a province in the interpretation etc., of any proposed legislation, since it would have a pool of information from all provinces with respect to their various legislative problems to draw on.

12. This Council acknowledges with thanks the cooperation extended to it by the Council on Legislation of the American Dental Association. Their bulletins have been received regularly by this Council.

13. The Chairman of this Council was privileged to attend a meeting of provincial registrars held in Montreal in December and to hear and discuss with them their respective legislative problems.

14. A sincere thanks is extended to all provincial registrars and the secretary and deputy secretary of the Canadian Dental Association for their assistance in compiling this report.

COMMENT AND ACTION

1-2. Information.

3. Noted.

4. Whereas legislation providing for medical services plans through the utilization of multiple carriers has been enacted in one province and, in another, following presentation in the Legislative Assembly, is now under study by a Committee of Enquiry, and

Whereas this legislation purports to exclude dental services from its provisions, and

Whereas there are certain services generally recognized as not being exclusively dental in character which reside within the academic and legal competence of dentists but which also may be rendered by physicians, and

Whereas benefits for such services when rendered by dentists are refused on the ground that these services are not compensable unless performed by licensed physicians, and

Whereas public funds are employed to purchase or contribute to the purchase of medical services insurance contracts for those residents requiring such assistance, and

Whereas legislation which, in effect, places economic sanctions on the right of a beneficiary to select the legally-competent practitioner of his choice and discriminates against legally-qualified members of one profession in favour of those of another profession is grossly iniquitous,

Therefore be it resolved

That the Canadian Dental Association does strongly record its opposition to the enactment of any provisions within legislation for medical services plans which deny the unencumbered right of a patient to select the legally-qualified practitioner of his choice, and further

That the Canadian Dental Association does strongly record its opposition to the enactment of any provisions within legislation for medical services plans which permit public funds to be employed in a manner which discriminates against the lawful services of dentists, and further

That the Canadian Dental Association, should the respective Corporate Members so request, transmit the substance of this resolution to the appropriate provincial authorities.

ADOPTED

5. Strongly concur.
6. Information.
7. Noted with concern.
8. Information.
9. Noted; regarding (d) refer to report on Auxiliary Services.
10. Noted.
11. We are sympathetic with the view of the Council on Legislation and strongly urge the Executive Council to review their recommendation.
- 12-13. Information.
14. Concur.

We recommend the adoption of the report of the Council on Legislation.

APPROVED

LIBRARY

TRUSTEES: *E. R. W. Bilkey, Chairman, Toronto; James Zimmerman, Calgary; D. W. Gullett, Toronto.*

REPORT

1. The library now contains 3,500 volumes. In the past year, 132 new textbooks, 67 bound volumes of periodicals, 11 new periodicals and 14 newsletters were added to the collection.
2. Circulation continues at about 100 items per month, with an increase in requests for films.
3. A supplement to the library catalogue is being prepared for publication later this year.
4. It is planned to develop small package libraries on a variety of subjects for circulation later this year.
5. Enlargement of library facilities was completed this spring as part of the headquarters expansion program. The former boardroom and office of the editor have been adapted to library use, so that most of the main floor of the older building is now occupied by the growing library. The librarian, who formerly served also as receptionist, is now devoting full time to the library.
6. The library continues to be financed by a grant from the association. The library trust fund provides all new acquisitions. The fund operates under a trust deed administered by the association. Donations to the fund qualify for income tax deduction.

COMMENT AND ACTION

1. Information.
2. Informative.
3. Noted with interest.
4. Noted with commendation.
5. Noted with interest.
6. Noted.

We recommend the adoption of the report on the Library.

APPROVED

MEMBERS: *F. H. Compton, Chairman, Toronto, Ont.; W. R. Upton, Vancouver, B.C.; G. E. Decker, Edmonton, Alta.; F. R. Smith, Saskatoon, Sask.; W. G. Campbell, Winnipeg, Man.; W. J. Dunn, Toronto, Ont.; R. M. LeBlanc, Montreal, P.Q.; R. F. Sansom, Saint John, N.B.; G. M. Dewis, Halifax, N.S.; G. D. Barrett, Charlottetown, P.E.I.; G. P. French, St. John's, Nfld.*

REPORT

The Necrology Committee regretfully records the death of the following members since the last annual meeting of the Canadian Dental Association. We pay tribute to-day for the contributions they have made toward the advancement of the profession and their service to the public. These flowers are in recognition of our esteem and devotion to these former colleagues.

Adams, Arnold Wilson — McGill '29	Montréal, P.Q.
Adams, William Fawcett — R.C.D.S. '96	Toronto, Ont.
Andrews, James George — U. of T. '41	Toronto, Ont.
April, Gérard — U. of Montréal '46	Bonaventure, P.Q.
Arnott, Harvey Chetwin — R.C.D.S. '16	Oshawa, Ont.
Baker, Herbert Wesley — R.C.D.S. '06	Stratford, Ont.
Barrett, Lawrence A. — R.C.D.S. '99	Galt, Ont.
Belk, Douglas Trevor — Sheffield U. '59	Winnipeg, Man.
Bent, Frank Forman — Philadelphia Dent. Col. '05	Oxford, N.S.
Bier, E. Roy — R.C.D.S. '16	Winnipeg, Man.
Blancher, Kenneth Albert — R.C.D.S. '20	Morrisburg, Ont.
Bouillon, Joseph Walter C. — U. of Montréal '29	Montréal, P.Q.
Bricault, Edmond — U. of Montréal '25	Montréal, P.Q.
Bricker, Calvin David — R.C.D.S. '07	Grenfell, Sask.
Brossard, Joseph Roland — U. of Montréal '28	Montréal, P.Q.
Butcher, William John — R.C.D.S. '23	Brooklin, Ont.
Calbeck, George Arnim — R.C.D.S. '21	Dunnville, Ont.
Cameron, William John — R.C.D.S. '05	Palmerston, Ont.
Caverly, Stuart Eric — U. of T. '50	Elliott Lake, Ont.
Chinneck, Wm. H. — Philadelphia Dent. Col. '10	Edmonton, Alta.
Clark, Edwin Harrison —	Minnedosa, Man.
Connell, Mabel G. (nee Killins) — R.C.D.S. '23 ..	Prince Albert, Sask.
Conway, Harry Roberts — R.C.D.S. '16	Brantford, Ont.
Copeland, Donald Robert — U. of T. '46	Grimsby, Ont.
Coupal, Joseph Theodore — R.C.D.S. '15	Ottawa, Ont.
Davis, Roy Norman — R.C.D.S. '22	Hamilton, Ont.
Dean, John Albert — R.C.D.S. '13	Kenora, Ont.
Dickson, Stanley R. — R.C.D.S. '19	Brandon, Man.
Doan, Freemont Whitfield — R.C.D.S. '25	Toronto, Ont.
Dodick, Harry Arnold — U. of T. '53	Fort William, Ont.
Doran, Solomon —	Brandon, Man.
Dubiskey, Ed. Vlodimir — U. of Minnesota '38	Canora, Sask.
Dunn, Alexander Stanley — U. of T. '30	Orillia, Ont.

NECROLOGY

Elliott, Theodore William — R.C.D.S. '04	Toronto, Ont.
Fasken, Lorne John Dale — R.C.D.S. '05	Dunnville, Ont.
Fierheller, Reginald Clair — North Pacific '29	Vancouver, B.C.
Findlay, Campbell Allen — U. of T. '28	Ottawa, Ont.
Flora, Walter Scott — R.C.D.S. '23	Ottawa, Ont.
Fortier, Massue — Univ. de Bishop '03	Québec, P.Q.
Freele, Roy Shoebottom — R.C.D.S. '22	Windsor, Ont.
Gardiner, Bertram Reuben — R.C.D.S. '14	Orillia, Ont.
Glover, William Ryerson — R.C.D.S. '06	Kingston, Ont.
Goodwin, Alexander H. — U. of Maryland '89	Edmonton, Alta.
Gouroff, Nicholas — U. of Montréal '24	Val d'Or, P.Q.
Gravel, Maurice A. — U. of Montréal '32	Alma, P.Q.
Groulx, Joseph Roméo — U. of Montréal '25	Montréal, P.Q.
Hare, Leslie Franklin — R.C.D.S. '23	Moose Jaw, Sask.
Hartford, Harold Anthony — R.C.D.S. '19	Owen Sound, Ont.
Heaslip, Warren Leslie — R.C.D.S. '24	Toronto, Ont.
Hemmerich, Roy Gordon — U. of T. '27	Kitchener, Ont.
Henry, Frederick George — Univ. de Bishop '99 ..	Montréal, P.Q.
Heynemand, Arthias — U. of Montréal '24	Montréal, P.Q.
Hilliard, D'Arcy Graham — U. of T. '30	Kitchener, Ont.
Hiscox, Norman James — U. of T. '31	Collingwood, Ont.
Hoag, John Rutherford — U. of T. '26	Regina, Sask.
Hoffer, Harry — U. of Pittsburgh '22	Regina, Sask.
Huffman, Charles Lloyd — R.C.D.S. '05	Picton, Ont.
Hutchison, Robert Craig — U. of T. '41	Toronto, Ont.
Jamieson, Ernest Fletcher — R.C.D.S. '16	Windsor, Ont.
Jones, Emery C. — R.C.D.S. '06	New Westminster, B.C.
Kaufman, William Oliver — R.C.D.S. '17	Tavistock, Ont.
Kerr, Grenville A. — R.C.D.S. '22	Winnipeg, Man.
Kynoch, Walter Morrison C. — North Pacific '26 ..	North Vancouver, B.C.
Laferriere, André — U. of Montréal '50	Ville Gagnon, P.Q.
Lane, Verne — McGill '23	Regina, Sask.
Laurence, Jean-Claude — U. of Montréal '50	St-Hyacinthe, P.Q.
Laurencelle, Georges — U. of Montréal '23	Charette, P.Q.
Lehman, Edgar John — R.C.D.S. '13	Toronto, Ont.
Leighton, James Percy — R.C.D.S. '23	Toronto, Ont.
Lesco, Stephen Joseph — R.C.D.S. '25	Orillia, Ont.
Liscumb, George Austin — R.C.D.S. '14	London, Ont.
Livingstone, D. Melvin — Northwestern '23	Winnipeg, Man.
Lowe, Archie McDonald — Temple U. '02	Princeton, B.C.
MacKenzie, William Ferguson — R.C.D.S. '23	Winnipeg, Man.
Madill, William Stanley — R.C.D.S. '11	Toronto, Ont.
Massicotte, Armand — Laval '19	Montréal, P.Q.
McClelland, Alonzo Wright — McGill '14	Montréal, P.Q.
McDonald, George Arthur — R.C.D.S. '05	Castlegar, B.C.

McIntyre, Reyburn R. — R.C.D.S. '22	Calgary, Alta.
McKay, George Alexander — R.C.D.S. '01	Toronto, Ont.
Meek, James Arnold — R.C.D.S. '25	Welland, Ont.
Merkeley, Howard James — R.C.D.S. '11	Winnipeg, Man.
Milburn, Sidney Albert — R.C.D.S. '20	Toronto, Ont.
Morin, Alphonse — U. of Montréal '27	Montréal, P.Q.
Morris, Zay A. — Northwestern '16	Vanderhoof, B.C.
Morse, Norman Johnson — McGill '51	Beaconsfield, P.Q.
Murray, Guy Reginald — R.C.D.S. '17	Hardisty, Alta.
Nixon, Joseph Earle — North Pacific '35	Westview, B.C.
Oke, Charles R. — R.C.D.S. '23	Winnipeg, Man.
Ottum, Milford Harrison — U. of Alberta '44	Watrous, Sask.
Parkin, Maxwell Richard — R.C.D.S. '13	West Vancouver, B.C.
Pearson, Charles Gordon — U. of T. '32	Toronto, Ont.
Perron, Léon Jacques — U. of Montréal '24	Verdun, P.Q.
Phillips, Stanley James — R.C.D.S. '17	Oshawa, Ont.
Pinard, Victor — R.C.D.S. '13	Ottawa, Ont.
Plant, Gerald Livingston — North Pacific '18	Vancouver, B.C.
Pogue, Howard Victor — R.C.D.S. '05	Wainfleet, Ont.
Richardson, Harold Kerr — R.C.D.S. '16	Toronto, Ont.
Rivard, Laurier — U. of Montréal '51	Gentilly, P.Q.
Robertson, Ralph E. — R.C.D.S. '10	Collingwood, Ont.
Robertson, William Alan — North Pacific '44	Whalley, B.C.
Schweitzer, Herbert M. — R.C.D.S. '13	Regina, Sask.
Scott, Albert Ralston — R.C.D.S. '24	Toronto, Ont.
Scott, Robert George — R.C.D.S. '24	Lindsay, Ont.
Sherman, Serge — U. of Montréal '60	Montréal, P.Q.
Shields, John Cairnduff — R.C.D.S. '99	Toronto, Ont.
Skinner, Frank E. — McGill '06	Saskatoon, Sask.
Steeves, Harold B. — Baltimore Col. Dent. Surg. ..	Moncton, N.B.
Van Duzer, Fred. Clarence — R.C.D.S. 1900	Toronto, Ont.
Wachnow, Max — U. of T. '30	Winnipeg, Man.
Walker, James Gordon — R.C.D.S. '24	Burlington, Ont.
Watson, Adam Hubert Rozelle — R.C.D.S. '98	Port Hope, Ont.
Watson, George Archibald — U. of T. '29	Stayner, Ont.
Warriner, Jack L. — U. of T. '40	Winnipeg, Man.
Winn, Nile Hughes — R.C.D.S. '13	New Hamburg, Ont.

NOMINATIONS

MEMBERS: *R. Langlois, Chairman, Quebec; W. G. McIntosh, Toronto; R. O. Brett, Regina; J. F. Edgcombe, Saint John.*

REPORT

The committee submits the following list of officers and members of councils and committees:

President	— Remy Langlois, Quebec	
President-elect	— P. S. Christie, Halifax	
Immediate Past President	— James Zimmerman, Calgary	
<i>Councils</i>		
Executive	— Remy Langlois, Quebec, Chairman	
	— James Zimmerman, Calgary	
	— P. S. Christie, Halifax	1967 (2)
	— J. P. Coupland, Ottawa	1967 (2)
	— W. J. Riley, Winnipeg	1965 (1)
	— W. P. Munsie, Vancouver	1966 (1)
Constitution and By-laws	— J. M. Chamard, Montreal	1967 (1)
	— H. M. Cline, Vancouver, Chairman	
		1967 (2)
	— G. V. Fisk, Toronto	1965 (2)
	— A. G. Racey, Montreal	1966 (2)
Education	— J. P. Whyte, Swift Current	1966 (1)
	— J. McCutcheon, Montreal, Chairman	
		1967 (2)
	— T. J. Cooke, Winnipeg	1965 (2)
	— C. E. Dexter, Halifax	1965 (2)
	— J. W. Neilson, Winnipeg	1966 (1)
	— O. J. Yule, Toronto	1966 (1)
	— S. Wah Leung, Vancouver	1967 (1)
	— H. W. Reid, Toronto, Adviser	
Ethics	— J. P. McGuigan, Halifax, Chairman	
		1966 (2)
	— H. N. Beach, Ottawa	1967 (2)
	— R. J. McCarten, Winnipeg	1967 (2)
	— E. F. Dexter, Halifax	1965 (2)
	— L. E. Duffy, Charlottetown	1965 (1)
Journalism	— J. D. Purves, Toronto, Chairman	1966 (2)
	— J. A. Fortier, Montreal	1967 (2)
	— H. H. Canning, Toronto	1967 (1)
	— J. M. Phillips, Oshawa	1965 (1)
	— A. H. Leckie, Hamilton	1965 (1)
	— E. R. W. Bilkey, Toronto	1966 (2)

NOMINATIONS

Legislation	— A. H. Crowson, Ottawa, Chairman	
		1967 (2)
	— F. K. Currie, New Westminster	1965 (1)
Public Health	— J. Rumberg, Winnipeg	1966 (1)
	— A. R. S. Gray, Calgary, Chairman	
		1967 (2)
	— Yves Lafleur, Montreal	1965 (1)
	— K. F. Pownall, Toronto	1965 (1)
	— B. J. O'Meara, Charlottetown	1966 (2)
	— D. J. Yeo, Vancouver	1966 (1)
Research	— Advisory members:	
	Chairmen of provincial dental public health committees.	
	— K. J. Paynter, Toronto, Chairman	1966 (2)
	— G. E. Connell, Toronto	1965 (2)
	— L. E. Francis, Montreal	1965 (2)
	— A. F. Howatson, Toronto	1965 (2)
	— A. M. Hunt, Toronto	1965 (2)
	— D. C. Teskey, Toronto	1965 (1)
	— D. L. Anderson, Hamilton	1966 (2)
	— R. H. Bingham, Halifax	1966 (1)
	— R. V. Blackmore, Edmonton	1966 (1)
	— C. D. Torneck, Toronto	1966 (2)
	— W. R. Bruce, Toronto	1967 (2)
	— H. S. Grey, Toronto	1967 (2)
	— J. D. Spouge, Vancouver	1967 (2)
	— R. M. Grainer, Toronto	1967 (1)
	— G. H. Beaton, Toronto	1967 (1)
<i>Committees</i>		
Auxiliary Services	— H. R. MacLean, Edmonton, Chairman	
		1965 (2)
	— G. Swann, Calgary	1967 (2)
	— Leopold Dube, Quebec	1967 (1)
	— E. Downton, Toronto	1965 (1)
Dental Services	— M. Nacht, Vancouver	1966 (1)
	— R. A. Clappison, Toronto, Chairman	
		1965 (1)
	— B. M. McKenzie, Edmonton	1967 (2)
	— H. G. Pettapiece, Parksville, B.C.	1967 (2)
	— H. J. McConnachie, Halifax	1965 (1)
	— L. Bernier, Quebec	1966 (2)
	— W. J. Dunn, Toronto	1966 (2)
	— John Carefoot, Toronto	1967 (1)
	— P. G. Anderson, Toronto, Adviser	
	— Advisory members:	
	Chairmen provincial dental services committees	

NOMINATIONS

Headquarters Property	— R. P. Lowery, Toronto, Chairman	1965 (2)
	— G. V. Fisk, Toronto	1967 (2)
	— H. W. Reid, Toronto	1966 (2)
Hospital Services	— A. A. Antoni, Toronto, Chairman	1965 (2)
	— A. S. Brown, Toronto	1967 (2)
	— C. H. Moses, Toronto	1965 (1)
	— D. M. Wallace, Toronto	1965 (1)
	— Clayton Cummings, Ottawa	1966 (1)
	— Antoine Raymond, Montreal	1966 (1)
	— T. B. Van de Mark, Toronto	1966 (2)
Necrology	— J. A. Pedler, Toronto	1967 (1)
	— F. H. Compton, Toronto, Chairman	
Specialists and Specialization	— Provincial Secretary-Registrars	
	— M. A. Rogers, Montreal, Chairman	1965 (1)
	— J. J. McCarthy, Montreal	1967 (2)
	— P. J. Gitnick, Montreal	1965 (2)
	— H. T. Oliver, Montreal	1966 (2)
War Memorial Awards	— G. Baril, Montreal, Chairman	1965 (1)
	— Antoine Raymond, Montreal	1965 (1)
	— D. J. Munro, Montreal	1966 (1)
	— S. Silver, Montreal	1966 (1)
	— Georges Pelletier, Montreal	1967 (1)

APPROVED

The resignation of W. G. McIntosh from this committee was accepted and, on nomination from the floor, A. H. Leckie was elected to the Nominations Committee. Committee membership is as follows:

Nominations	— P. S. Christie, Halifax, Chairman	1965
	— J. F. Edgecombe, Saint John	1965 (1)
	— R. O. Brett, Regina	1966 (1)
	— A. H. Leckie, Hamilton	1967 (1)

The figure (1) or (2) indicates first or second term ending in the year shown.

EXECUTIVE: *E. W. P. Luxford, President, Calgary; A. A. Antoni, Past President, Toronto; Andre Charest, President Elect, Quebec; D. H. MacDonald, Secretary-Treasurer, Toronto.*

REPORT

1. The tenth annual meeting of the Canadian Society of Oral Surgeons was held in the Royal York Hotel in Toronto on May 20-21, 1963 with twelve members and about twenty guests present.
2. The scientific session commenced with a most enlightening address on anatomy of the head and neck by Dr. Jim Anderson from Toronto. The importance of the lymphatic system in the spread of infection was clearly demonstrated and then we were treated to stereo views of the skull and dissected specimens. This was followed by an interesting talk on Pathology of Salivary Gland Tumours by Dr. Wm. Donohue of Montreal who covered his subject ably with excellent slides. The next speaker was Dr. H. Shanoff who spoke on the timely subject of cardiac patient management, his topic being "With your heart in your mouth". Contraindications for all but extreme emergencies were covered along with general advice for handling most debilitated cardiacs in the oral surgery office. The program concluded with case histories by the following members: Dr. John Gerrie of Montreal spoke to us on submaxillary stones and covered twelve cases of varied types and locations. Dr. Thorpe Van de Mark presented an interesting case of a mandibular fracture with complications and Dr. Jim Gajda one of multiple fractures following an auto accident. Dr. Albert Antoni concluded the session with a very practical presentation on "surgical correction of jaw deformities". Included were tori and correction of prognathic mandibular surgery.
3. A report was given at the business part of the meeting on the formation of the Royal College of Dentists. An amount of \$8,000 has been allocated by the C.D.A. to its formation and Royal assent has been requested. Provisional requirements for certification and for a fellowship are under consideration.
4. The membership endorsed a suggestion from Mr. Terence Ward of England that we support the formation of an International Society of Oral Surgeons. The second meeting of the proposed group will be held in Copenhagen in 1965.
5. The membership approved the recommendation of the section relations report of the C.D.A. that in future speakers of a special group such as ours be listed as a lecture in the general program for all that wish to attend.
6. Next meetings of the Society will be held in conjunction with the C.D.A. in Edmonton in 1964 and in Quebec in 1965.

COMMENT AND ACTION

1. Information.
2. To be commended on the selection of the participants and the quality of the program.

ORAL SURGERY

3. Noted.
4. We concur.
5. Noted with gratification.
6. Noted.

We recommend adoption of the report.

APPROVED

EXECUTIVE: *G. W. Street, President, Calgary; C. Asselin, President Elect, Montreal; W. Mulligan, Vice President, St. John; J. J. Schachter, Secretary-Treasurer, Saskatoon.*

REPORT

1. The annual meeting of the Canadian Society of Orthodontists was held in co-operation with the Ontario Society of Orthodontists in the Royal York Hotel, Toronto, May 20-22, 1963.
2. Twelve new members were accepted, raising the total membership to 112. We regretfully report the death of three members: Dr. R. R. McIntyre, Calgary, Dr. M. Wachnow, Winnipeg, and Dr. S. J. Lesco, Orillia.
3. The George Wellington Grieve Memorial Lecturer was Dr. Donald W. Gullett. At the conclusion of his lecture he was presented with a suitably inscribed certificate.
4. The balance of the scientific program included Dr. Charles Burstone, Professor and Head of the Orthodontic Department, University of Indianapolis; Dr. Ulf Possult, Malmo Sweden; Dr. Donald Woodside, Professor and Head of Orthodontic Department, University of Toronto; Dr. C. R. Costaldi, Professor of Paedodontics, University of Alberta; Dr. L. Bernier, Quebec City; Dr. K. J. Paynter, Director of Graduate Studies, Faculty of Dentistry, University of Toronto; Dr. Frank Popovich, Burlington; Dr. Mark Roberts, Toronto; and Dr. Robert Leuty, Toronto.
5. A committee was formed with representatives from each of five geographic areas to study various plans for orthodontic care. A work shop is to be held to assemble and discuss the findings.
6. A resolution was passed urging the Board of Governors of the Canadian Dental Association to consult with the Canadian Society of Orthodontists on all matters pertaining to orthodontics in Canada. (See Resolutions Submitted)
7. The twelfth Annual Meeting will take place June 28th to July 1st, 1964, in Edmonton.
8. The George Wellington Grieve Memorial Lecturer will be Dr. T. M. Graber, prominent orthodontic teacher and author. Dr. Graber was formerly Associate Professor of Orthodontics and Director of Research, Cleft Lip and Palate Institute, Northwestern University. He is presently a special lecturer, Department of Orthodontics, University of Michigan. His subject will be "Panoramic Radiography".
9. The balance of the scientific program will include Dr. S. G. Sperber, University of Alberta, and Dr. G. V. Davidson, University of Alberta.
10. Thirteen of our members will be presenting clinics as part of the general convention program.

ORTHODONTICS

COMMENT AND ACTION

- 1-4. Information.
5. Noted with approval.
- 6-7. Information.
8. The Canadian Society of Orthodontists is to be commended for the financial support that maintains this lectureship at a continuing high level.
9. Information.
10. This fine contribution to the program is noted with approval.
We recommend the adoption of the report of the C.D.A. Section on Orthodontics.

APPROVED

EXECUTIVE: *H. B. Squires, President, Ottawa; D. H. Stewart, President Elect, Montreal; J. E. Speck, Secretary-Treasurer, Toronto; P. J. Gitnick, Past President, Montreal.*

REPORT

1. The last meeting under the chairmanship of Dr. P. J. Gitnick of Montreal was held in Toronto on Tuesday, May 21, 1963, coincident with the Annual Meeting of the Canadian Dental Association. There were 27 members and 6 guests present.
2. The scientific part of the program was both interesting and informative. The clinicians were Dr. Fil Cappa of London, Ontario, a member of our Academy; Dr. John Pritchard of Texas (in a prepared televised clinic film); and Dr. Ulf Posselt of Malmo, Sweden, in a joint meeting with the Orthodontic Section and later the Periodontic Section alone. (The Periodontic Section had previously had a combined meeting with the surgery section in Ottawa in 1960).
3. It was decided to hold the next annual meeting in conjunction with the Canadian Dental Association Annual Convention in Edmonton on Sunday, June 28, 1964. On the scientific portion of the program will be Dr. G. J. Parfitt, Vancouver, Dr. D. S. Moore, Hamilton, Dr. R. V. Blackmore, Edmonton, and the Edmonton Periodontal Study Club.
4. During the past year the membership of the Academy consisted of 32 Active and 32 Associate Members. Two applications for active membership were received.
5. The Canadian Dental Association Sections Relations report was approved by our Academy. Our committee has been working toward including more of the recommendations in next year's program.
6. The Academy of Periodontology again expressed enthusiasm of the proposed Royal College of Dentists and is prepared to lend all assistance.
7. The Academy has been assisting the Canadian Dental Association Dental Services Committee by compiling for them a list of periodontal services.

COMMENT AND ACTION

- 1-3. Information.
4. Commended.
5. Noted.
6. Noted with interest.
7. Noted with commendation.

We recommend the adoption of the report of the C.D.A. Section on Periodontics.

APPROVED

PRESIDENT

JAMES ZIMMERMAN

REPORT

1. Ladies and Gentlemen, it is indeed a privilege and a great pleasure to extend to you a hearty welcome to the 63rd meeting of the Board of Governors of the Canadian Dental Association. This is the first time that a CDA Convention is being held in Edmonton and I can assure you that, in true Western style, "the latch-string is always out".

Convention Committee

2. The organization for the Board of Governors' meeting and for the joint convention of the Alberta Dental Association and the CDA which follows next week has been entirely in the hands of the Edmonton men. I wish to personally thank the Convention Chairman, Dr. Ross Stuart, his wife Dorothy, George Decker and his wife Betty, and Mrs. Muriel Haryett and the entire Convention Committee for the excellent job they have done. The committee has also undertaken the arranging of post-convention trips through the mountains and securing of reservations at the Calgary Stampede. No effort has been spared by the Convention Committee to make your stay in Edmonton and in the west a memorable and enjoyable one.

3. The Convention Committee has taken on many tasks which would have fallen to Mrs. Zimmerman and me, had we resided in Edmonton. Nell joins me in extending our sincere appreciation to the Edmonton Convention Committee for assuming the additional tasks.

4. Board of Governors

(a) The Board of Governors is happy to welcome Dr. B. L. Bowden representing Newfoundland, Dean H. R. MacLean of Alberta and Dr. L. Bernier, representing Quebec as alternate for Dr. Lachapelle. Your provincial organizations have evidently found you to be men of ability, dedicated to the profession and capable of assuming further responsibility in the affairs of the national organization. We welcome also Brigadier K. M. Baird who has been selected as the first official representative of the three federal dental services (Defence, Veterans Affairs, National Health and Welfare). The Board of Governors extends to all of you a hearty welcome and sincerely hopes that your endeavours will be of benefit to our profession and bring to you satisfaction in your accomplishments.

(b) *To the Retiring Governors* I wish to convey the thanks and appreciation of the C.D.A. for their valued contribution to Dr. Keenan who served the Association so well as president and is now attending as Immediate Past President and to Dr. Darcy who has retired from the Board after serving as representative of Newfoundland for several years.

5. Councils and Committees

Over 200 members constitute the personnel of the councils and committees. These men give unstintingly of their time, talents and energy throughout the year. The results of their deliberations, achievements and recommendations are brought before you in their reports. For the tasks they

have undertaken and achieved, it is my privilege and pleasure to extend to them the heartfelt gratitude of the Association. The reference committees will have the task of reviewing all the reports. I am sure this will be done with the usual thoroughness and that the deliberations will be candid and fair and the decisions and recommendations just and wise, so that the CDA will emerge ever stronger in its unity during the coming year.

New CDA Secretary Appointment

6. Following the February meeting of the Executive Council, your President announced that Dr. William G. McIntosh of Toronto has been appointed Secretary of the Canadian Dental Association. Dr. McIntosh's appointment becomes effective January 1, 1965. He will assume duties at Association headquarters beginning September 1, 1964.

7. Following the 1962 Board of Governors' meeting, in keeping with article VI, section 9(b) of the by-laws, a special sub-committee of the Executive Council was established for the purpose of selecting a suitable man to succeed Dr. D. W. Gullett, who retires at the end of 1964. Communications were sent by the sub-committee on June 18, 1962 (Appendix A) to all Corporate Members of the association, requesting the submission of names of dentists considered suited for the position. A number of replies were received and careful consideration was given to all names submitted. The name of Dr. W. G. McIntosh was recommended more frequently than any other.

8. Dr. McIntosh was born in Saskatchewan. He received his early education in Prince Albert, his D.D.S. degree at Toronto in 1937 and his M.Sc.D. degree in 1957. Dr. McIntosh has held many positions in organized dentistry. He has been Chairman of the CDA Dental Services Committee and Research Committee. He was President of the Canadian Academy of Periodontology, has served as an Ontario representative of the CDA Board of Governors and on its Executive Council. He was the youngest President in 1959-60 which the Association has ever had. He has had many dental appointments to hospitals and schools and is Associate Professor in Periodontics at the University of Toronto and has appeared on scientific programs practically from coast to coast. In 1950 he had the honour of being made a Fellow of the American College of Dentists.

9. Dr. McIntosh, you are bringing to the office of Secretary a long experience of service to the profession, an understanding of the problems confronting dentistry and a sound judgment gained through experience. We wish you all the success and happiness in your new position. At the same time, we also wish to assure you of the heartiest support and co-operation from all the members of the profession in Canada.

10. CDA-ADA Second Joint Meeting

On September 6-7, 1963, at the invitation of the American Dental Association, a joint session was held in Chicago of the Board of Trustees of the American Dental Association and the Executive Council of the Canadian Dental Association, together with some chairmen of councils and committees. Dr. Gerald Timmons, President of the American Dental Association wel-

PRESIDENT

comed the Canadian representatives. Your president thanked the ADA for arranging the second joint conference and for acting as hosts to the Canadian delegation. Both associations were of the opinion that there were many problems facing the profession. The solution of these would have lasting effects on the profession of both countries. The imaginary line that separates the two countries has no influence on the objectives and ideals of the profession. It is in the interest of both countries to move forward together in a spirit of friendship and co-operation, so that we would have a greater opportunity to serve the health of both countries. During the first day, President Timmons acted as Chairman, and on the following day, your President occupied the chair. Background statements were presented on certain subjects by each organization, which were subsequently freely discussed. It was with a sense of satisfaction and pride that your President left the conference with the realization that the Canadian delegation had carried out its task in a superlative manner.

Visitations

11. On November 4, 1963, the President and Secretary set out on the Eastern Tour of visitations. The Western Tour commenced on February 20, 1964. A list of societies, dental schools and associations visited appears in Appendix B. I believe our meetings were not only well attended, but carried a spirit of enthusiasm. I attributed this to the fact that many people realized that this could be Don's last official visit and wanted to extend to him their best wishes. We encountered throughout our trip genuine hospitality and friendship, which we deeply appreciated and for which we are highly thankful. There was always sufficient time to discuss local problems and our Secretary was consulted on many occasions. Generally, the meetings took the form of addresses presented by the President and Secretary.

12. A variation took place in Montreal and Toronto. A joint meeting of the three dental societies of Montreal was held in the evening, commencing at 5.30 p.m. on November 11. After dinner, your President delivered his address. The Secretary was invited to answer questions that were to be submitted from the floor. This meeting was excellently handled by Dr. A. W. Oliver, President of the Montreal Dental Club. All questions were submitted in writing and handed over to appointed clerks who collected and turned them over to Dr. Oliver. Dr. Oliver read out the questions and generally these were directed to and answered by Dr. Gullett. It was a lengthy meeting, lasting until about 11.30 p.m. I am sure that at least 60 to 70 questions were answered. This meeting served a good purpose; anyone seeking information received it in a straight and forthright manner. From information received from some members present, we are of the opinion that this form of a meeting was well received and enhanced the stature of the CDA. We wish to express our appreciation to Dr. A. W. Oliver for the excellent way he conducted this meeting.

13. Later the Academy of Dentistry, Toronto, selected the same form of meeting as was carried out in Montreal. All the written questions that were submitted were answered by Dr. Gullett. It appears that this form of a presentation by the officers of the CDA is of interest to its members.

14. For the first time, the President and Secretary of the CDA paid an official visit to the Peace River block in Alberta, at Grande Prairie. The hospitality and friendship of the group was most heart-warming. Though many had to travel hundreds of miles, we had 100 per cent attendance. All dentists' wives were in attendance. At a Saturday evening banquet, Dr. Gullett acted as the after-dinner speaker. Let me state that he performed the task in an excellent manner, bringing into his address a great deal of wit and humour.

15. It is with sincere regret that the President has to report that, due to an onset of illness, he was not able to make the Parksville and the Lethbridge meetings. I wish to tender my apologies to both societies for not being able to attend their meetings.

16. Dr. J. P. Coupland kindly consented to represent the CDA at the ODA Annual Meeting in Toronto on May 10-13, 1964. We wish to thank Dr. Coupland for accepting this assignment in such a ready and gracious manner.

17. In the fall of 1963, the President and Mrs. Zimmerman were invited by the Alpha Omega Fraternity to attend its Annual Convention at Miami Beach. The kind invitation was accepted and during the attendance of the meeting, your President was awarded Honorary Membership in the Alpha Omega Fraternity.

18. *Visitations of President-Elect*

Early in September, it became evident that, because of illness, your President would not be able to fulfill certain commitments, namely, visitation to meetings of the Eastern Ontario Dental Association, September 16-18, the Newfoundland Dental Association, October 3-5 and the American Dental Association Convention at Atlantic City, October 14-18. All these commitments were honoured through the co-operation and kindness of the President-Elect, Dr. Remy Langlois. I wish to express to Dr. Langlois my hearty thanks and appreciation for assuming the responsibilities of the President, especially on such short notice. I also wish to congratulate him upon the excellence of his presentations at the various functions.

Communications

19. Prior to the Eastern Tour, the President spent an extra three days in Toronto for the purpose of making contact with the Toronto Academy of Dentistry, the President of the Royal College of Dental Surgeons of Ontario, the President of the Ontario Dental Association, the Alpha Omega Society and some individual members of the CDA.

20. In view of the fact that the Toronto Academy has the largest membership and had not received a visitation from the President and Secretary of the CDA since 1960, and in view of changing conditions that are taking place, it was deemed important to re-establish communications with all larger organizations within the CDA. A meeting was arranged between the President of the Academy, Dr. R. M. Grainger, and the President. Through the courtesy and co-operation of Dr. Grainger and his Executive, a meeting was set for the 20th of February, when the President of the CDA would be attending the

PRESIDENT

Executive Council Meeting. As all the stated meetings of the Academy had been previously arranged, an extra meeting was called, which fell one week prior to a regular meeting.

21. I wish to thank Dr. Grainger and his Executive for calling a special meeting one week prior to a stated meeting. It is to be hoped that in future, a definite time may be set for a presentation of the President and the Secretary of the CDA at the Academy in Toronto.

22. Some considerable time was spent by Dr. W. G. Bruce, President of the Royal College of Dental Surgeons of Ontario and your President in the discussion of insurance matters. All discussions were carried out in a friendly and amicable manner, which I hope will bring forward greater understanding and co-operation between the two organizations.

23. Your President was also privileged to discuss various matters with the President of the Ontario Dental Association, Dr. W. W. Philp. Again, a spirit of friendliness and cordiality prevailed.

24. A meeting of the President and Executive members of the Alpha Omega was held. I wish to state that a spirit of understanding resulted from this meeting.

25. The President was also in contact with several individuals who requested interviews. These were met within the limited time that the President had at his disposal.

26. It is the considered opinion of your President that contact with heads of various organizations can produce understanding and co-operation.

Fluoridation

27. Early in the fall of 1963, Metropolitan Toronto, after many legal controversies, inaugurated fluoridation of its communal water supply. The action of the second largest city in Canada should have a great impact upon other communities where fluoridation is being decided by plebiscite. The addition of Toronto to the ranks of communities with fluoridated communal water supply brings the total who benefit by this public health measure close to 4,000,000 people.

28. An influential American magazine, *Saturday Review*, in its issue of January 4, 1964 printed a report compiled by three employees of the National Research Council of Canada, which appeared in the May, 1963 issue of *Archives of Environmental Health* opposing fluoridation. The Council on research of the Canadian Dental Association stated that in its opinion "the article in question presents no evidence to refute the well established scientific conclusion that water fluoridation is a safe and effective method of partially preventing dental decay". Further reports on fluoridation appeared in *Saturday Review* of February 1st and May 2nd, 1964.

29. The National Research Council paper was the subject of discussion in the House of Commons. In answer to a question, the Minister of National Health and Welfare replied:

"Mr. Speaker, no government action is contemplated at this time. The article in question was brought to my attention a few weeks ago when

it first received Canadian attention. It has been discussed with the members of my department as well as with members of National Research Council. It is not contemplated that any action will be taken."

30. On March 23rd, 1964, Mr. Munro, the parliamentary secretary to the Minister of National Health and Welfare, in answer to a written question by Dr. Joseph Slogan, replied in part as follows:

"It is an established fact, from very extensive research, that the adjustment of the fluoride content of a water supply, whereby there is a concentration of one part fluoride to one million parts of water, brings about an average reduction of 60 per cent in the prevalence of tooth decay to children consuming fluoridated water since birth. No ill effects have been noted.

This improvement in dental health of children, who will later be adults, ensures an improvement in general health."

CDA Meets the Press

31. At the outset permit me to state that it is my considered opinion that our headquarters staff has the confidence and co-operation of the metropolitan press. Special credit is due to our Director of Public Information, Mr. Ken Croft, and to our Director of Economic Research, Mrs. Isabel Brown, who are dealing with the press at frequent intervals.

32. While the controversy regarding the statement on fluoridation in the article by the employees of the National Research Council of Canada was giving a great deal of concern, not only to the profession, but also in university circles, your President requested, on very short notice (due to timing of issues of the magazine) that the Executive Council meet informally for dinner with some senior representatives of news media and that the following also be invited:

Dr. K. J. Paynter, Chairman, CDA Council on Research.

Dr. R. M. Grainger, President, Academy of Dentistry, Toronto.

Dr. W. J. Dunn, Secretary RCDSO, who was quite active in the fluoridation campaign in Toronto.

Mrs. John W. Falkner, Chairman National Fluoridation Committee of the Health League of Canada.

Dr. Gordon Bates and Mr. Lloyd H. Bowen of the Health League of Canada, and the Administrative Staff of the CDA.

Three Toronto daily papers and the C.B.C. were represented by senior personnel. Dr. Paynter was subjected to stiff cross-examination by the science reporters of the various papers. He acquitted himself nobly by defending his thesis and pointing out the wrong conclusions arrived at by the editor of the *Saturday Review*. It was the consensus of those present that the informal meeting was very much worthwhile. The press was appreciative of the recognition given to it by the Executive Council in a matter of public interest and in presenting its case in such a forthright manner.

Public Information

33. Much has been accomplished in this field on the national level by our Bureau of Public Information. Still further progress is being made by some

PRESIDENT

provincial committees. In certain provinces of Canada a great deal is being accomplished; in others the news media are evidently not sympathetic to the profession of dentistry. We should be greatly concerned with the adverse effect that such unfavorable publicity has upon the public.

34. There is an obvious need for continual watchfulness in this matter and for co-ordination in public information activities in the various provinces; activities such as successful relations with press, radio and television, the conduct and administration of public information committees, including terms of reference.

35. Two provincial premiers have expressed the opinion that the dental profession is not generally understood by the public because we are not putting forth enough effort to create a favorable image of the profession. The public is unaware of the scientific and technological advances which have been made in dentistry; is unaware of the great efforts the profession has put forward in increasing teaching personnel, in developing research facilities, etc. The average person's concept of a dentist is one who "fills and pulls teeth". A concerted effort must be made to portray dentistry in its true light and the first step in this direction is the establishment in all provinces of a pro-dentistry atmosphere in the press.

36. These are matters of immediate concern to the Canadian Dental Association and prompt the following resolution recommended for adoption:

Whereas there is an urgent need for better public understanding of the extensive technological and scientific training required for the practice of dentistry in Canada, and

Whereas there are certain areas where the profession's relations with the press and other news media are at a high level and other areas where this is not so, and

Whereas unfavorable press reports in one area often disseminate similar reports in other parts of the country, and

Whereas there is a need for co-ordinated public information techniques, therefore be it resolved

- (a) That a conference of regional public information representatives be arranged, consisting of five delegates, under the chairmanship of the Director of Public Information of the Canadian Dental Association;
- (b) that such representatives be selected by the Executive Council of the Canadian Dental Association;
- (c) that the cost of such a conference be borne by the Canadian Dental Association on a budget of \$1,000 set aside for that purpose;
- (d) that any province may send representatives to such a conference at its own expense, and
- (e) that a report and recommendations of such a conference be presented to the Secretaries' Conference.

Dental Schools

37. It was a pleasure to visit the dental schools throughout Canada. The calibre of students appeared to be of high standard and rapport with teaching staff on a friendly and co-operative basis.

38. British Columbia will commence construction of the new school this year. From architects' drawings one would judge that the new building, with its excellent site, will be a great asset to the people of that province. Dean Leung has been very busy with finalizing plans and organizing staff. Classes are scheduled to commence for first year students this fall.

39. Other areas in Canada require augmented facilities or new dental schools. Considering the populations served, Ontario needs another school. Quebec requires expanded facilities. McGill has a proposal for a new building but plans for construction seem to be indefinite; the University of Montreal needs a modern building or greatly improved accommodation. Rumours are prevalent that Laval University will establish a Faculty of Dentistry. The Faculty of Dentistry at Dalhousie University, serving the Maritime provinces should be expanded. The province of Saskatchewan, with its gradually diminishing dental personnel needs a dental school. Training facilities for dental hygienists should be in the plans of all dental schools.

40. It must not be overlooked that it takes seven to eight years from the date a dental school has been authorized to the date of the first graduating class. This will bring us into 1971-72 or even later, when the population of Canada will be increased by approximately 4,000,000 people.

41. Through the years, the Association has made recommendations to governments on federal or provincial levels. Such recommendations in the form of resolutions did not seem to have much effect. In view of the seriousness of the situation that may develop in the 1970's, a more direct approach may be needed. I recommend,

(a) that the Executive Council appoint a committee to interview the Minister of National Health and Welfare, placing the facts of the situation before the government,

(b) that provincial associations, where shortage of teaching facilities exists, interview their provincial governments, preferably in the form of a written brief, placing the situation of required additional facilities for teaching of dentistry before them,

(c) that the CDA, if called upon, give all the assistance to any provincial body in making its presentation,

(d) that copies of such presentation be made available to the press and other news media,

(e) that government be made aware of any publicity issued on the subject.

Note: This is being written before the report and recommendations of the Royal Commission on Health Services have been released.

42 Recruitment

The recruitment program instituted by the National Recruitment Committee of the Council on Education has received excellent co-operation from the profession. The number of applicants during the last year has exceeded all previous records. This affords the various schools applicants of high calibre. It is rather unfortunate that, due to the limited space in the various schools, a number of well qualified applicants were refused admission. This, in time, could well have an adverse effect in the number of applicants, unless increased accommodation is provided in various dental schools.

PRESIDENT

Fee Schedules

43. This subject has appeared before on the agenda of Board of Governors' meetings (Transactions 1962: 85-42 and Transactions 1963: 60, items 15-17). Some provinces have adopted a definite fee schedule; others are considering adoption and others are still undecided. (*See Appendix C.*)

44. This matter has become more urgent within this last year. Several well established Canadian insurance companies are contemplating entering the field of insurance for dental services. The representatives of these companies have expressed their willingness to co-operate with the profession but, in setting up insurance plans, they feel that a schedule of dental fees should be provided on a provincial basis.

45. The sub-committee on fees of the Dental Services Committee has prepared an excellent study and report on fee determination for dental services. I am sure that provincial organizations will benefit greatly by this study.

46. The Board of Governors at this session will have to consider

(a) that the standardization of nomenclature in fee schedules is imperative and that the sub-committee of the Dental Services Committee be authorized to proceed with this project;

(b) that agreements with the Department of Veterans Affairs be entered into on the basis of provincial fee schedules;

(c) that the C.D.A. Bureau of Economic Research be authorized to release fee schedules and similar information approved by corporate bodies to responsible commercial insurance companies interested in developing prepaid plans for dental services;

(d) the establishment of a uniform examining chart.

47. *Honorary Membership*

Honorary membership in the Canadian Dental Association is given in recognition of leadership in a lifetime of service and devotion to dentistry in Canada. Article 2, section 3 of the by-laws, states the qualifications of such honorary members. The certificate that is being issued at present reads, that Doctor . . . was "duly elected to Honorary Membership in the CDA". I wish to recommend that the wording of such certificates be changed so as to conform with Article 2, section 3 of the by-laws.

48. During the year, federal government appointments of great importance to the dental profession were made. Dr. Douglas Tanner was appointed Director of Dental Services of the Department of Veterans Affairs, succeeding Dr. Lee Kilburn on his retirement. Dr. Ralph Connor has been appointed Chief of the Dental Health Division of the Department of National Health and Welfare, on the retirement of Dr. H. K. Brown. Just recently Dr. Aberdeen McCabe also joined the dental division of the same department.

49. *Secretary*

During this last year, it has been my good fortune and privilege to travel with Dr. Gullett. For some considerable time, I have noticed the high respect,

esteem and affection in which our Secretary is held throughout Canada. He well deserves these, because in a lifetime of service to dentistry, he has given so much of himself, not sparing his health, energy and time. From personal contact, I have found our Secretary a man of high principles and high ideals. Yet, idealist as he is, he has shown a great deal of realism in managing to weld the Canadian Dental Association into a strong, national body. On a personal note, I would like to express my sincere appreciation and thanks to our Secretary for his kindness and thoughtfulness shown to me and his sound advice that guided me on many occasions.

Headquarters Staff

50. This last year must have been very trying upon the staff. The demands and requests for studies and information from the Royal Commission on Health Services, must have taxed the two bureaux.

51. The Director of the Bureau of Economic Research, Mrs. Isabel Brown, has cooperated with the Royal Commission on Health Services in the preparation of information, surveys and reports requested by the Commission. Besides these extra assignments, she managed to maintain all her regular reports, attend meetings of various councils and committees and follow up all the projects contemplated for the coming year.

52. The Director of Public Information, Mr. Ken Croft, has been assigned many additional duties during the past year. The news bulletin issued after the annual meeting in Toronto entailed a great deal of extra work and was well received by the membership. A similar bulletin is to be published this summer. He has been active in student recruitment, convention publicity, preparation of dental health and other literature and serves as secretary of the Canadian Fund for Dental Education in addition to his duties as Deputy Secretary of the Association.

53. Editor

The Journal of the Canadian Dental Association has grown in stature. The English and French summaries are much appreciated even by those who use only one language; those who are bilingual find the summaries interesting and refreshing. The special issues entail a great deal of preparation and the gathering and selection of material extends into several months. These issues are well received by the profession and the effort of producing special issues has met with the approbation of the profession.

54. The staff, throughout the year, has worked under difficult conditions, due to construction and remodelling of the building. Yet, in spite of all the handicaps, the accomplishments of the staff were of the highest calibre.

55. On behalf of the CDA, I wish to commend the members of the Headquarters Staff individually and collectively for the splendid contribution they have made to dentistry during this last year. For the cooperation and assistance extended to me at various times by the staff, I wish to express my sincerest thanks.

810 Greyhound Bldg.
Calgary, Alberta
June 18, 1962

Registered Mail

Addressed to the Secretary of each Corporate Member.

Dear Doctor:

The by-laws of the Canadian Dental Association assign to the Executive Council the responsibility of appointing a Secretary of the Association. Because the present Secretary is due to retire in 1964, the Executive Council has selected a sub-committee to consider a successor. It is the wish of the Executive Council to seek the cooperation of the Corporate Members in order to compile a list of potential candidates for the position.

The sub-committee believes that, among other considerations, the Secretary of the Canadian Dental Association should possess these qualifications:

- membership in the Canadian Dental Association
- experience in private dental practice
- executive ability to direct and cooperate with a staff of more than a dozen people
- ability to present himself well both privately and publicly
- diplomacy to represent Canadian dentistry in dealing with governments, professional groups and others on the national and international scenes
- capability to develop an understanding of the many ramifications of complex problems facing the profession in order to provide direction to developing policies of the association
- willingness to live in Toronto and to travel extensively
- age approximately 35-45

According to the by-laws (Article VIII Section 4) the duties of the Secretary shall be:

- (a) To act as executive head of the central office of this Association
- (b) To engage all employees except as otherwise provided in these by-laws
- (c) To coordinate the activities of all committees, councils and bureaux of this Association
- (d) To keep the records, minutes and be custodian of books, papers and documents
- (e) To pay all accounts and keep accurate record of receipts and disbursements
- (f) To furnish a surety bond in amount determined by the Executive Council, the premium of which shall be paid by the Association
- (g) to perform such other duties as usually appertain to this office or as may be designated by the Executive Council or these by-laws.

PRESIDENT

Selecting a successor for our present Secretary will not be a simple task. The assistance of Corporate Members is being solicited in order that no potential candidate will be overlooked through lack of knowledge on our part. Please submit the names of your suggested candidates in confidence to the undersigned.

Your cooperation is appreciated.

Yours faithfully,

James Zimmerman, D.D.S.
for the Executive sub-committee

APPENDIX B

PRESIDENT'S VISITATIONS

Meetings were held with the following dental organizations:

1. Quebec Dental Society at Quebec.
2. New Brunswick Dental Association at Fredericton.
3. Prince Edward Island Dental Association at Charlottetown.
4. Nova Scotia Dental Association at Halifax.
5. Senior Students of Faculty of Dentistry, Dalhousie University.
6. Senior Students of Faculty of Dentistry, McGill University.
7. Senior Students of Faculty of Dentistry, University of Montreal.
8. Joint Meeting of the three Societies of the City of Montreal.
9. Senior Students at the Faculty of Dentistry, University of Toronto.
10. The Toronto Academy of Dentistry at Toronto.
11. Sudbury District Dental Society at Sudbury.
12. Dental School at University of Manitoba at Winnipeg.
13. Manitoba Dental Association at Winnipeg.
14. Winnipeg Dental Society at Winnipeg.
15. Regina & District Dental Society at Regina.
16. Saskatchewan Dental Association at Regina.
17. Saskatoon Dental Society at Saskatoon.
18. Dental School at University of Alberta at Edmonton.
19. Edmonton & District Dental Society at Edmonton.
20. Peace River Dental Society at Grande Prairie.
21. Victoria & District Dental Society at Victoria.
22. Vancouver & District Dental Society at Vancouver.
23. Calgary & District Dental Society at Calgary.

APPENDIX C

FEE SCHEDULES

(Reference: 1963 Transactions, page 60, items 15, 16 & 17)

This subject was discussed at length during the February 1963 meeting of the Executive Council and the matter was presented at the Annual Meeting in the form of two resolutions which were adopted. According to available

PRESIDENT

information three provinces have taken the indicated action, four are actively engaged toward adoption and three are not known to be active in the matter.

The urgency of this matter has increased during the year. A considerable number of insurance companies either have or are in the process of establishing insurance for dental services. The representatives of these companies have requested interviews at headquarters and express every desire to be cooperative in setting up the terms of their plans and also in observing properly constructed fee schedules on a provincial basis.

Following the February 1963 Executive Council meeting a letter was written to the Department of Veterans Affairs, as instructed, setting forth the position taken. The following is extracted from a letter received in reply:

"I agree with this in principle with some current reservations. I have reviewed all the present provincial schedules and find a great divergency in the fees. More disconcerting is the terminology of operations; there is an ambiguity which tends to misinterpretation.

"I believe the provinces should standardize and define operations under a national nomenclature. This would permit universal interpretation and would greatly aid Federal organizations when computing cost of service. "The fees should be founded on a sound financial basis, developed with common sense and consideration of variable factors peculiar to the provinces. If this is done, I feel that I can present the policy to associated Federal Departments with some hope of success."

The Committee on Dental Services has a sub-committee working on the standardization of nomenclature in fee schedules. If the committee obtains full cooperation from the provinces, report will be available at an early date.

COMMENT AND ACTION

1. Noted with pleasure.
2. This expression of appreciation is heartily endorsed.
3. Noted with appreciation.
4. We heartily concur.
5. We heartily concur.
6. Noted with utmost satisfaction—the Executive Council deserves the highest commendation for the appointment of W. G. McIntosh as the Association's secretary to succeed D. W. Gullett.
7. We concur.
8. Information.
9. This expression of good wishes and assurance of support is sincerely endorsed.
10. Noted with approval—the desirability of occasional joint meetings of the A.D.A. Board of Trustees and the C.D.A. Executive Council is recognized and approved. The C.D.A. is grateful to its representatives

who prepared and presented papers at the joint A.D.A.-C.D.A. meeting in Chicago on September 6-7, 1963.

- 11-12. Noted with satisfaction.
13. Informative.
14. Noted with interest and satisfaction.
15. Noted with regret.
16. Information.
17. Noted with satisfaction—we congratulate Dr. Zimmerman on this well deserved honour.
18. Dr. Zimmerman's illness during his term was most unfortunate. All members of the Association rejoice in his recovery. Dr. Langlois' successful substitution is greatly appreciated.
19. Information.
20. Noted with approval.
21. Agreed.
- 22-24. Noted with approval.
25. Informative.
26. We concur.
27. Noted with satisfaction.
28. Noted with concern.
29. Informative.
30. Noted with gratification.
31. Noted with approbation.
32. We commend the President for initiating this imaginative and successful public relations effort.
33. Noted with interest and concern.
34. We agree.
35. We concur.
36. Approve in principle—it is recommended that the proposed conference be convened at the discretion of the Executive Council.
37. Noted with satisfaction.
38. This progress report of the B.C. dental school is most welcome. It is recommended that the greetings and good wishes of the C.D.A. be extended to the President of the University of British Columbia, Dr. J. B. Macdonald and Dean Leung and the members of his Faculty on the occasion when their classes commence.
39. Noted with interest.
40. Noted with concern.

PRESIDENT

41. Agreed.
It is felt that anticipated C.D.A. action on the Report of the Royal Commission on Health Services could well concern itself with these matters.
42. Noted with interest. The Association reiterates its expressed opinion that the establishment of provincial fee schedules and standard nomenclature is urgently needed.
43. Information.
44. Noted.
45. Informative.
- 46-47. Agreed.
48. Information. It is recommended that the Association convey its congratulations and good wishes to Dr. Douglas Tanner, Dr. Ralph Connor and Dr. Aberdeen McCabe and that the appreciation of the C.D.A. for their outstanding services to Canadian dentistry be extended to Dr. H. K. Brown and Dr. Lee Kilburn.
49. The President's respect and admiration of the C.D.A.'s Secretary, soon to retire, is shared by all Canadian dentists.
50. Agreed.
- 51-53. Noted with commendation.
54. Agreed wholeheartedly.
55. Agreed. It is recommended that this expression of appreciation be conveyed to all members of the headquarters staff.

The Report of the President exhibits the worthy characteristics of its author:

- a highly developed sense of responsibility.
- a compelling desire for progress and improvement.
- a modest, yet courageous approach to problems.
- erudition combined with humility.
- an unquenchable determination to do his best for the C.D.A.

The annals of the Canadian Dental Association will record that, in spite of grave health problems, Dr. Jim Zimmerman contributed as much as any president and more than most to his profession. It is recommended that the Board of Governors record the appreciation of the Association for Dr. Zimmerman's successful term as President.

It is moved that the report of the President be adopted.

APPROVED

MEMBERS: A. R. S. Gray, Chairman, Calgary; C. A. E. McCabe, Outremont; K. F. Pownall, Toronto; B. J. O'Meara, Charlottetown; D. J. Yeo, Vancouver.

REPORT

1. The Council on Public Health met at headquarters April 6-7, 1964. The following persons attended the meeting: the Council members, also Drs. R. A. Connor, G. H. Jenzen, H. K. Brown, D. W. Gullett, F. H. Compton, Mrs. B. I. Brown and Mr. K. L. Croft.

2. The chairman made a few introductory remarks concerning the Council's activities of the past year. Appreciation was expressed to the American Dental Association for the hospitality extended at the joint sessions of the executives of the American and Canadian Dental Associations held in Chicago in September 1963, as well as for the kind invitations offered to the Canadian representatives at the workshop for the teaching of undergraduate Dental Public Health in December 1963 held in New Brunswick, New Jersey.

3. *C.D.A. Annual Meeting 1963*

The 1963 report of the Council to the Canadian Dental Association and the recommendations made by the Board of Governors regarding the resolution adopted at that time were reviewed. (Transactions 1963:154, item 2) Subsequently a later recommendation that the said resolution be rescinded was received from the Executive Council. After due consideration of the effect of such a policy, when applied to all the other councils and committees of the Canadian Dental Association, on the financial structure of the parent organization, the following motion was passed unanimously:

"That the Canadian Dental Association offer to the five provinces not directly represented on the Council an invitation for a representative to attend the Council meeting at their own expense and also offer to pay the expenses of any consultant who may from time to time be requested to attend at the discretion of the Chairman of the Council".

4. *Publications*

Dr. B. J. O'Meara was commended for his untiring efforts to maintain the dental health publications of the Council in accordance with current scientific findings. His report on this subject as well as the continuing interest in certain of these publications being available in the French language was thoroughly discussed. The Council recommended that, in order to stimulate greater interest by the profession in the production of mouth protectors for participants in contact sports, articles on this subject should be published in the *Journal* as soon as possible.

5. *Dental Health Education Aids*

Appeals had been made to the Council to permit the attendance at the meeting of a representative of a dentifrice manufacturer to describe the educational aids developed by his company for use in public schools. This privilege had been denied because it was felt that approval by the Canadian

Dental Association of such educational aids would have implied product endorsement. Time devoted to this and future requests of a similar nature would have seriously curtailed the time available for the designated work of the Council. A motion was passed that the Council on Public Health concurred with the Association's present policy on the endorsement of commercial products.

6. *Kits for Provincial Committees*

The information kits prepared for distribution to newly appointed chairmen of provincial dental public health committees were reviewed. The committee responsible for the preparation of these very helpful and informative kits was commended for its efforts.

7. *National Dental Health Survey*

An interim report by the sub-committee under the chairmanship of Dr. R. Connor whose duty it is to redefine the data to be collected within the Canadian National Dental Health survey was reviewed. It is hoped that a final report by this committee will be available at the Council meeting in 1965.

Employment of Salaried Dentists Administration of Dental Services

8. The resolutions adopted at the last annual meeting of the Canadian Dental Association and reported in *Transactions* 1963: 155-6, items 12 and 13, were reviewed. It was felt that certain aspects of the position and policies of some of the public health agencies in Canada were resulting in misunderstanding and confusion between these agencies and members of the practising profession. Clarification of such misunderstanding is desirable as is a statement of policy of the ultimate aims and goals of dental public health programs. Therefore, in the interests of close liaison among all branches of the profession, Council recommends that a study be made under the following terms of reference:

(a) To study the present position of public health in dentistry both within the profession and in relationship to other agencies, including government.

(b) To give consideration to the place and responsibilities of the dental profession in relationship to activities in the public health field and to other agencies.

(c) To study the needs for personnel and the qualifications required for dental personnel in public health and related areas.

(d) To establish a pattern for the future in respect to those areas where dentistry should function in public health affairs.

(e) To make recommendation for the implementation of conclusions reached in this study.

9. If the above recommendation is adopted, great care will need to be given to the choice of the personnel selected for the purpose of carrying out such a study. It is the sincere hope of the Council that considerable benefit may accrue to the profession from the conclusions reached by such a study.

10. *National Health Grant*

The report of the Royal Commission on Health Services had not been made available to the public by the date of the meeting of the Council. The Council was aware of the desirability of awaiting the receipt of this report but wished to request the Executive Council that, after due consideration of the recommendations contained in this report, the advisability of petitioning the federal government that a separate dental grant be established within the structure of the National Health Grants be given serious consideration.

11. *Dental Services in Institutions*

A progress report on this survey was given by Mrs. Brown. It is anticipated that a final report will be available for the next meeting of the Council.

12. *New Brunswick, New Jersey Workshop*

Dr. C. A. E. McCabe as one of the six Canadian representatives invited by the American Dental Association to attend the workshop on the teaching of undergraduate dental public health at New Brunswick, New Jersey, gave an excellent summary of the session and conclusions reached at that meeting. Hope was expressed by the Council that the Council on Education would give serious consideration to sponsoring a teaching conference on Public Health prior to a regularly scheduled meeting of that Council some time in the relatively near future.

13. *Provincial Public Health Survey*

During 1963 a survey of the dental public health activities in the various provinces of Canada was made. Dr. D. J. Yeo made a report on this survey and pointed out the great variation that exists in the present development and plans for the future found in the different provinces. The results of this survey were among the prominent reasons for the Council's recommendations that a study as detailed in paragraph eight of this report be made.

14. *Fluoridation*

Action had been taken by the Council during the year to bring to the attention of the federal minister the many reasons why communal water supplies within the national parks of Canada should be fluoridated. It was agreed to continue efforts toward the promoting of the fluoridation of all water supplies under federal jurisdiction.

15. *World's Fair 1967*

Council agreed that participation in a dental exhibit at the World's Fair at Montreal is desirable and arranged to explore the possibility of such an exhibit and to present suitable suggestions for such an undertaking.

COMMENT AND ACTION

- 1-2. Information.
3. We agree.
4. Noted with approval. We commend the Council for their efforts.
5. We agree.
6. Noted with commendation to those responsible.
7. Information.
8. Agreed. We present the following resolutions:
 - (a) Whereas it is desirable that there should eventuate a statement on the ultimate goals of dental public health programs and
Whereas it is desirable that there should be maintained a close and harmonious relationship between the practising profession and dental public health agencies, therefore be it
Resolved that the Executive Council be directed to explore ways and means of financing a study, the terms of reference of which are outlined in Section 8 of the 1964 Report of the Council on Public Health, and further be it
Resolved that should the necessary financial support be acquired, the Executive Council be authorized to implement the said study on such conditions and by such means as to the Executive Council are deemed appropriate.

ADOPTED

- (b) Whereas the Canadian Dental Association continues to adhere strongly to the principles that
 - (a) salaries for dentists in government services in Canada should be comparable to those of salaried government services' physicians of equal training, experience, and responsibility and
 - (b) the senior dental officer should, on all matters pertaining to the practice and profession of dentistry be *directly* responsible to the chief administrator of the department providing dental services, therefore be itResolved that the Executive Council be directed to convey with judicious expedition and by whatever means it considers most suitable, these principles, accompanied by pertinent supporting material, to Departments of the Federal Government deemed appropriate to receive such submissions, and further be it
Resolved that the Executive Council provide each Corporate Member with a copy of the said communication should, in the judgment of the Corporate Member, it be considered desirable and propitious to make a similar presentation to governmental authorities within its jurisdiction.

ADOPTED

MEMBERS: K. J. Paynter, *Chairman, Toronto*; D. L. Anderson, *Hamilton*; J. E. Anderson, *Buffalo, New York*; R. H. Bingham, *Halifax*; R. E. Blackmore, *Edmonton*; W. R. Bruce, *Toronto*; G. Connell, *Toronto*; L. E. Francis, *Montreal*; H. S. Grey, *Toronto*; A. F. Howatson, *Toronto*; A. M. Hunt, *Toronto*; G. Nikiforuk, *Toronto*; J. D. Spouge, *Winnipeg*; D. C. Teskey, *Toronto*; C. D. Torneck, *Toronto*.

REPORT

1. *Personnel*

(a) The terms of office of Drs. J. E. Anderson, W. R. Bruce, H. S. Grey, G. Nikiforuk and J. D. Spouge expire this year. The assistance of these members to the conduct of affairs of Council is gratefully acknowledged. Particular appreciation goes to the non-dental members, Drs. Anderson and Bruce.

(b) Council wishes both Drs. Anderson and Nikiforuk success in their new appointments at the State University of New York at Buffalo and the University of Southern California at Los Angeles respectively.

2. *Conference on Exfoliative Cytology*

A grant of \$1,000 to defray costs of a Conference on Exfoliative Cytology, held in Montreal December, 1963, was made from a grant to assist dental research donated by the Proctor and Gamble Company of Canada (see section 15).

3. *World's Fair 1967*

Council offered suggestions concerning dental participation in the World's Fair, 1967, in Montreal.

4. *Tetracycline Antibiotics*

Administration of broad-spectrum tetracycline antibiotics to children may produce objectionable and permanent discolouration of teeth that are forming during the period of drug administration. This matter has been brought to the attention of the Food and Drug Division of the Department of National Health and Welfare, with the request that physicians, particularly obstetricians and paediatricians, be informed of these potential side effects of dental interest.

5. *Mono-Amino Oxidase Inhibitors*

The potential danger of administering drugs containing epinephrine to patients undergoing therapy with mono-amino oxidase inhibitors was drawn to the attention of the Food and Drugs Division of the Department of National Health and Welfare. No reports of harm resulting from this combination of drug administration appear to have been published, but D.N.H. & W. has the matter under advisement.

6. *Low-sugar Carbonated Beverages*

(a) At the request of the Executive Council, the Council on Research considered the advisability of revising the policy statement of the Canadian Dental Association with respect to exhibiting carbonated beverages at An-

RESEARCH

nual Meetings (Transaction C.D.A. 1960, p. 22). The question had been raised as to whether the same policy should apply to the new sugar-free carbonated beverages.

(b) There are two factors potentially harmful to teeth in regular carbonated beverages. One is the high sugar content (about 10 per cent) and the other is the low pH (2-3). Under conditions of excessive consumption of beverage, both could damage teeth, the former by contributing to dental caries, and the latter by simple tooth decalcification.

(c) In the sugar-free carbonated beverages the factor of sugar content does not apply. The low pH is still potentially dangerous however. The Council on Research does not believe that the Canadian Dental Association should take any action that might be interpreted as condoning consumption of these beverages and therefore recommended that the present policy remain unchanged, and apply to all carbonated beverages, whether they contain sugar or not.

7. *Emphysema and High Speed Dental Drills*

(a) Council considered the potential danger of emphysema resulting from use of high speed air driven dental drills. A number of reports of cases of emphysema resulting from the use of high speed drills in surgical cases have appeared in the literature, but none could be found telling of cases occurring under conditions of normal routine use of the drill.

(b) While the lack of the latter reports may reflect reluctance on the part of dentists to report cases, nevertheless Council concluded that on the basis of present evidence the danger of emphysema resulting from routine use of the high speed dental drill seems remote.

8. *Carbohydrates and Dental Caries*

A statement on the relationship between refined carbohydrates and dental caries was prepared to replace a statement originally prepared in 1951. The new statement which is recommended for your approval, is attached as Appendix A.

9. *Water Fluoridation*

Recent editorials in the widely-circulated New York publication *Saturday Review*, which attempted to cast doubt on the safety of water fluoridation, referred extensively to an article published in *Archives of Environmental Health* by three employees of the National Research Council of Canada. The latter paper was reviewed by the Council on Research and the lack of relationship between the safety of water fluoridation and the theme of this paper was emphasized.

10. *Fluoride Supplements*

A statement on the use of fluoride supplements for reduction of dental caries was prepared and is recommended for your approval. A copy of the statement is attached as Appendix B.

11. *Conference and Workshop on Dental Research*

In view of the rapidly expanding need for personnel, space, and money for dental research, and a need for long-range authoritative planning in this

area, Council proposes to organize a combined research conference-workshop to be held early next fall.

12. *Survey of Dental Research*

Council will carry out a survey of Dental Research in Canada during 1964, as a further follow-up to two previous surveys done in 1954 (Transactions C.D.A. 1955 pages 152-155) and 1959 (Transactions C.D.A. 1960 pages 211-214).

13. *Fellowships and Studentships*

(a) Reprints: Two grants were made for the purchase of reprints of scientific articles, as shown in Appendix C.

(b) Fellowships:

(i) A grant received from the Procter and Gamble Company (see section 15 below) permitted further awards totalling \$2,030 during 1963. Details are shown in Appendix C.

(ii) In 1964 three requests for Fellowships were received, totalling \$6,952. One was granted for a total of \$2,207. Details are shown in Appendix C.

(c) Studentships:

Twenty-one requests for Studentships totalling \$17,895 to assist undergraduates working in research laboratories during the summer months were received. Eleven were granted for a total of \$9,345. Details are shown in Appendix C.

(d) In summary, since the last meeting of the board, a total of twenty-seven requests for support totalling \$26,877 have been received, of which fifteen were granted for a total of \$13,582.

(e) A summary of grants made through the Council on Research of the Canadian Dental Association to date is shown in Appendix D.

14. *Canadian Dental Research Foundation*

(a) Officers of the Foundation elected at the Annual Meeting are K. J. Paynter, President and D. W. Gullett, Secretary.

(b) The Financial Report of the Foundation for the year ending December 31, 1963, is attached as Appendix E.

15. *Budget*

(a) A grant of \$3,000 was received in 1963 from the Procter and Gamble Company of Canada to support dental research. This money was used to support the Conference on Exfoliative Cytology (see item 2) and to support a number of graduate students (see item 13).

(b) A further grant of \$3,000 has been received from the same company this year. This grant will be used to partially defray the costs of holding the Dental Research Conference and Workshop next fall (see item 11).

(c) In view of the increasing need for personnel support, Council requests the sum of \$13,000 for all purposes next year.

CARBOHYDRATES AND DENTAL CARIES

The presence of bacteria in the mouth and a suitable local substrate for bacterial metabolism (generally carbohydrate) are two prerequisites without which dental caries cannot exist. Studies on "germ-free" animals indicate that caries cannot occur in spite of a high carbohydrate diet when bacteria are not present (1, 2). Experimental introduction of bacteria to germ-free animals permits caries to occur (1, 3). Furthermore, the substrate for metabolism of the bacteria must be present around the teeth. Rats that are highly susceptible to caries do not develop lesions when fed a high sugar diet by stomach tube, although the teeth of litter mates eating the same diet for identical periods of time do become carious (4).

Evidence that refined carbohydrates are the main foodstuff involved in the initiation of caries has evolved from several sources. It has been impossible to produce typical carious lesions in experimental animals without including carbohydrate in the diet. A high level of carbohydrate, particularly in a form that adheres to teeth, is associated with a high incidence of dental caries in rats. Withdrawal of the carbohydrate component of the diet causes a reduction in caries rate (5).

Evidence from studies on human beings also indicates refined carbohydrates in the caries process. The occurrence of dental caries among "primitive" people, though variable, is less than in so-called "civilized" people. As primitive people adopt the diet of the civilized communities their caries rate increases. One of the major changes in diet is the consumption of much increased amounts of refined carbohydrate (6, 7, 8).

Furthermore, if excessive sugar is reduced in the diet of caries-active individuals, their caries rate decreases (9, 10, 11). Finally, the marked reduction in caries rate noted in many countries during World War II directly paralleled the reduction in availability of refined sugars (12, 13, 14).

Carbohydrates influence the caries process by serving as a substance for bacterial metabolism. Bacteria obtain energy by breaking down carbohydrates. As a by-product of their metabolism organic acids are excreted. The acids thus produced promote decalcification of the tooth (15). After ingestion of sugar the pH on a carious surface drops significantly within a few minutes (16), and it may become low enough to promote tooth decalcification. Bacteriological caries-activity tests indicate that individuals who are caries-active possess a bacterial flora with high acid-producing characteristics (17, 18). Evidence therefore that incriminates acid as one of the mechanisms in the caries process also incriminates sugar.

The severity of caries resulting from refined carbohydrate ingestion does not depend solely on the amount of carbohydrate consumed. Severity varies both with the form of the sugar and the time at which it is eaten. The risk of caries is greatest when carbohydrate, in the form of concentrated free sugars (mono — and disaccharides), of a type that adheres firmly to teeth, is eaten between meals (11, 19, 20). Such carbohydrates are difficult to remove from tooth surfaces, and they have a prolonged clearance time from

saliva. There is a direct and consistent relationship between caries experience and the frequency of eating between-meal items of high sugar content and high degree of adhesiveness (19, 20). The evidence indicates that under Canadian dietary conditions, added sugar in the form of candies, syrups, jams, and concentrated sweets generally, particularly when consumed between meals, is the main factor that should be emphasized in caries prevention.

It is not axiomatic, however, that people who eat sugar will develop dental caries. While carbohydrate is one of the more important factors involved in caries aetiology, it is not the only one. The caries process is influenced by a number of variables, not all understood. A more complete understanding will be possible when, through research, the influence on caries of other factors such as the role of saliva, tooth form and structure, the mineralization process, and nutrition and systemic conditions, has been explored more extensively, and when the nature of caries immunity is more fully understood.

ADOPTED

Appendix B

FLUORIDE SUPPLEMENTS FOR PREVENTION OF DENTAL CARIES

Introduction

The most effective and least expensive method of caries prophylaxis for the general population is adjustment of the fluoride content in community water supplies to a level of one part per million. Some upward adjustment of this level may be advisable in colder areas (1).

In areas where communal water supplies do not exist, or where fluoridation is not yet in operation, and where the fluoride concentration in the drinking water is less than 0.7 ppm, alternative methods of fluoride administration should be considered in order to extend the benefits of fluorides to such areas. It should be emphasized however, that from a public health standpoint, home administration of fluoride is not a dependable substitute for communal fluoridation of drinking water, since to be effective the former requires an extensive period of exacting and intelligent co-operation in the individual household. There is at present sufficient information regarding fluoride concentrates and caries prevention to conclude that such supplements, if properly used, will reduce the incidence of caries in children (2). It is not yet possible to state how the degree of protection from home administration compares with regular consumption of communally fluoridated drinking water.

Specific Techniques of Fluoride Supplementation

(a) Use of Home Fluoridated Water

The procedure which most nearly duplicates communal fluoridation in principle is the use in the home of water which has been adjusted to contain 1 ppm. of fluoride. Practical details for the preparation of such drinking

RESEARCH

water in the home are given in Table 1(a) and Table 2. If this water is used for all drinking and cooking purposes, the method would duplicate communal fluoridation, and as such would be expected to yield similar results. This is the method of choice for administration of fluoride to infants since water intake is the regulator of the amount of fluoride ingested. Practical considerations may necessitate use of alternative procedures described in (b) below.

(b) *Use of Fluoride Concentrates*

For children who consume little water, or where water is normally drunk from several sources each day, as for children attending school, the practical technique for administering fluoride is as a supplement given daily dissolved in a small volume of water or other liquid.

The best estimate that can be made at present of a suitable total daily dosage of supplemental fluoride is based on the average computed fluoride intake of children of comparable ages living in fluoridated areas. The recommended dosage of supplemental fluoride according to age and quantity of fluoride already present in natural water supplies is shown in Table 3. The increases in the amount of fluorine from infancy through childhood to early adolescence correspond to the increase in intakes which occur in communally fluoridated areas as children grow older.

Examples of practical means of supplying these dosages are indicated in Table 1(b) and Table 4. Some proprietary fluoride preparations can also be adapted to supply the dosages indicated.

There are no hazards when fluoride supplements are used by reliable families in the manner prescribed. To safeguard against accidental poisoning of small children, it is recommended that no more than 60 milligrams of fluoride ion be dispensed at one time. This amount of fluoride is sufficient for two months use at a rate of one milligram of fluoride ion per day, and is well below the lethal dose. The latter is approximately two to five grams of fluoride ion for adults and corresponds to an estimated dose of 350 to 700 milligrams of fluoride ion for a 10 kilogram child. The supply of fluoride tablets or solution should be kept out of reach of children.

Mode of Action of Fluoride

For optimum benefits to the individual tooth the ingestion of fluoride must be commenced during the period of pre-eruptive maturation of the surface of enamel. For example, the first permanent molar will receive optimum protection from fluorides even if the child does not commence ingestion of fluoridated water until three or four years of age, although development of the first molar crown is well advanced at that age. This phenomenon is explained on the basis of fluoride deposition on the surface of enamel, prior to eruption, in sufficient concentrations to reduce dental caries.

Since most of the enamel surface of the primary teeth is formed after birth, administration of fluoride to gravid women should not be necessary to obtain a significant caries prophylactic effect on the primary teeth of the offspring. It should be noted that there is no proved contra-indication to fluoride administration during pregnancy; it is simply not necessary.

Fluoride administration should commence shortly after birth and continue until the second permanent molars have erupted at the age of 12 to 14

years. The third permanent molars will not benefit from this program. Since these teeth develop much later in life, and are often removed, a reasonable age to stop administration of supplemental fluoride is after eruption of the second permanent molars.

Topical applications of fluoride using stannous fluoride, sodium fluoride, or fluoride-phosphate solutions, may be advisable, either in conjunction with, or after cessation of, systemic fluoride therapy in order to increase fluoride concentration on the enamel surface. The use of a dentifrice containing a satisfactory stabilized form of fluoride is also recommended both in childhood and during adult life in order to increase further the amount of fluoride which is deposited on the enamel surface.

Multiple Vitamin-Fluoride Supplements

Although some of the commercially available vitamin-fluoride combinations may satisfactorily answer the requirements in the individual cases, these products are considered to have a number of important drawbacks. The fixed formulation of the multiple preparations does not permit control over the dosage of individual constituents. Thus it is not feasible to adjust the supplemental fluoride intake for the age of the patient, nor for concentrations of fluoride already present in the drinking water. Similarly it is not readily possible to modulate the amount of supplemental vitamins (e.g. vitamin D) in order to compensate for the variable and frequently excessive intakes obtained from commercially enriched foods. Since a considerable time must elapse before the deleterious effects of excessive or insufficient intake of fluoride or vitamin D will become manifest, misuse of the combined medication would not be readily apparent. Therefore at the present time the use of vitamin-fluoride preparations is not recommended until long-range studies establish their efficacy in clinical practice.

ADOPTED

References

1. McPhail, C. W. B. and Zacherl, W., personal communication, 1964.
2. Nikiforuk, G. and D. L. Fraser. Fluoride supplements for prophylaxis of dental caries. *J. Canad. Dent. Assoc.* 30:67, 1964. *Am. J. Diseases of Child.* Feb. 1964.

TABLE 1 Suggested prescription for fluoride.* (2)

(a) Stock fluoride solution (1.0 mg. F- per ml.)	
Rx sodium fluoride	0.11 Gm.
water to	50 ml.
Supply with dropper graduated for 0.25 ml. and 0.50 ml.	
Sig.: Keep out of reach of children. Do not exceed recommended dosage.	
(b) Fluoride tablets (0.25 mg. F- per tablet)	
Rx sodium fluoride	0.55 mg.
Supply: 200 tablets	
Sig.: Keep out of reach of children. Do not exceed recommended dosage.	
(For convenience, single-scored tablets, containing 2.2 mg. NaF (1.0 mg. F-), may be prescribed for older children.)	

*Proprietary preparations of sodium or potassium fluoride, in solution or in tablet form, which permit simple and accurate modulation of dosage according to age and natural fluoride content of water as indicated in Table 2 may be confidently used.

RESEARCH

TABLE 2 Method of fluoride administration by household use of fluoridated water. (2)

Formulation: Stock fluoride solution (1.0 mg. F- per ml.) or fluoride tablets (0.25 mg. F- per tablet, crushed) are added to 1 quart of water in the quantities shown depending upon the natural fluoride ion content of the existing water supply.

Prescription	Natural fluoride ion content of existing water		
	0-0.25 ppm	0.25-0.50 ppm	0.50-0.75 ppm
Stock fluoride solution (1 mg. F-/ml.)	1.0 ml.	0.5 ml.	0.25 ml.
Sodium fluoride tablet (0.25 mg. F-/tab)	4 tablets	2 tablets	1 tablet

Administration: To be used for all drinking purposes, preparation of juices and formulae, and for cooking.

TABLE 3 Recommended dosage of fluoride (mg. F-) according to age and natural fluoride content in water supplies. (2)

Age	Natural fluoride ion content in water, mg./litre (or ppm)			
	0-0.25	0.25-0.50	0.50-0.75	0.75 +
0-12 mos.	0.25	0	0	0
12 mos.-4 yrs.	0.50	0.25	0	0
4-8 yrs.	0.75	0.50	0.25	0
8-12 yrs.	1.00	0.75	0.50	0

No fluoride recommended for pregnant women (see text).

TABLE 4 Method of fluoride administration by use of fluoride supplements. (2)

Administration: Stock fluoride solution (1.0 mg. F- per ml.) or fluoride tablets (0.25 mg. F- per tablet) are administered according to the following schedule, one daily. Tablets should be crushed and dissolved in formula, water, milk or juice. The schedule makes allowance for age of child and natural fluoride ion content of existing drinking water supply.

Age of child	Natural fluoride ion content of existing water					
	0-0.25 ppm		0.25-0.50 ppm		0.50-0.75 ppm	
	Stock soln. 1 mg.F-/ml.	Tablet 0.25 mg.F-	Stock soln. 1 mg.F-/ml.	Tablet 0.25 mg.F-	Stock soln. 1 mg.F-/ml.	Tablet 0.25 mg.F-
0-12 mos.	0.25 ml.	1 tablet	0	0	0	0
12 mos.-4 yrs.	0.50 ml.	2 tablets	0.25 ml.	1 tablet	0	0
4-8 yrs.	0.75 ml.	3 tablets	0.50 ml.	2 tablets	0.25 ml.	1 tablet
8-12 yrs.	1.00 ml.	4 tablets	0.75 ml.	3 tablets	0.50 ml.	2 tablets

FELLOWSHIPS AND STUDENTSHIPS 1963-64

A. <i>Reprints</i>			
<i>Grantee</i>	<i>Reference</i>		<i>Amount</i>
G. Nikiforuk and D. Fraser	To purchase reprints "Fluoride Supplements for Prophylaxis of Dental Caries", Journal of the Canadian Dental Association, 30:67-76, 1964.		\$30.86
G. Nikiforuk I. M. McLeod R. Burgess R. M. Grainger and H. K. Brown	To purchase 200 reprints "Fluoride Carbonate Relationships in Dental Enamel", Journal of Dental Research, 44(6):1477, 1962.		22.24
		TOTAL	\$53.10
B. <i>Fellowships</i>			
<i>Grantee</i>	<i>Purpose</i>		
I. C. Bennett, Halifax, Nova Scotia	For study leading to the Master of Science Degree in the Department of Paedodontics, University of Washington, in preparation for a full-time appointment on the Faculty of Dentistry, Dalhousie University.		\$1,000.00
R. N. Jack, Toronto, Ontario.	Continuing study leading to the Master of Science in Dentistry Degree at the University of Toronto in Biometrics.		2,207.00
F. W. Lovely	Supplemental grant to offset the increased tuition fees related to his studies leading to the M.Sc. degree in Oral Surgery (Transactions C.D.A. 1963, p. 169).		850.00
K. A. McMurchy, Edmonton, Alta.	Fees for a course on the use of the Siemens electron microscope.		180.00
		TOTAL	\$4,237.00
C. <i>Studentships</i>			
<i>Grantee</i>	<i>Sponsor</i>	<i>Time</i>	<i>Amount</i>
Ares, J. L. U. of Alta. (III Year)	Dr. G. Davidson University of Alberta	3 mo.	\$ 915.00
Backstein, E. U. of Tor. (I Year)	Dr. D. G. Woodside University of Toronto	3 mo.	795.00

RESEARCH

Brunet, C. Univ. of Mont. (I Year)	Dr. D. Demirjean University of Montreal.	3 mo.	795.00
Chin, D. McGill Univ. (III Year)	Dr. E. A. Hosein McGill University	3 mo.	915.00
Davis, A. U. of Tor. (II Year)	Dr. A. M. Hunt University of Toronto	3 mo.	855.00
Gasee, B. B. U. of Tor. (I Year)	Dr. K. J. Paynter University of Toronto	3 mo.	795.00
Jacobson, S. McGill Univ. (II Year)	Dr. E. A. Hosein McGill University	3 mo.	855.00
Kaminsky, F. S. U. of Man. (I Year)	Dr. I. Kleinberg University of Manitoba	3 mo.	795.00
Medwid, V. (Miss) Univ. of Alta. (II Year)	Dr. C. Castaldi University of Alberta	3 mo.	855.00
Mickleborough, M. G. Univ. of Alta. (II Year)	Dr. J. Tuba University of Alberta	3 mo.	855.00
Wood, R. L. Univ. of Man. (III Year)	Dr. Z. Kazloff University of Manitoba	3 mo.	915.00
TOTAL			\$9,345.00

Appendix D

CANADIAN DENTAL ASSOCIATION FELLOWSHIPS AND STUDENTSHIPS 1948-1964

<i>Year</i>	<i>Graduate</i>	<i>Undergraduate</i>	<i>Total</i>
1948	\$ 1,400		\$ 1,400
1949	2,300		2,300
1950	2,300		2,300
1951	3,800		3,800
1952	1,700		1,700
1953	1,200		1,200

RESEARCH

1954	3,700		3,700
1955	2,100	1,000	3,100
1956	5,600	400	6,000
1957	5,700	900	6,600
1958	12,400	4,500	16,900
1959	3,900	3,200	7,100
1960	2,500	5,400	7,900
1961	4,000	6,900	10,900
1962		7,020	7,020
1963	4,451	8,097	12,548
1964	4,237	9,345	13,582
TOTALS	<u>\$61,288</u>	<u>\$46,762</u>	<u>\$108,050</u>

Appendix E

*THE CANADIAN DENTAL RESEARCH FOUNDATION
BALANCE SHEET*

*Assets**Current account:*

Accrued interest in bonds \$ 199.41

Capital account:

Cash in trust company \$ 128.15
 Government & government guaranteed bonds,
 at cost (par value \$18,100.00) 18,092.00 \$18,220.15
\$18,419.56

Surplus

Current account \$ 199.41

Capital account:

Balance, December 31, 1962 \$17,720.15
 Transfer from Canadian Dental Assoc. General
 Account 500.00 \$18,220.15
\$18,419.56

RESEARCH

STATEMENT OF RECEIPTS AND DISBURSEMENTS
Year ended December 31, 1963

Receipts			
Cash in trust company, December 31, 1962 . .		\$	655.65
Interest on investments held by trust company . .	\$ 587.56		
Bank interest	<u>73.40</u>		660.96
Transfer from Canadian Dental Assoc., General Account			500.00
		\$	<u><u>1,816.61</u></u>
Disbursements			
Purchase of Government of Canada 5½ % bond (\$1,000.00)	\$ 1,027.50		
Trust company's fees to December 31, 1963	42.98		
Transfers to Canadian Dental Association, General Account (including \$140.48 remitted by Nat. Trust Company Ltd. on December 31, 1963)			617.98
Cash in trust company, December 31, 1963			128.15
		\$	<u><u>1,816.61</u></u>

APPENDIX F

STATEMENT ON FLUORIDATION

Whereas tooth decay, by affecting the vast majority of people in Canada, has come to be recognized as one of the major public health problems of our time, and

Whereas studies covering a period of over thirty years under the widest variety of controlled conditions have marked fluoridation as one of the most widely studied of public health procedures, and

Whereas such studies reveal that the use of fluoride in the recommended amount of one part of fluoride to one million parts of water causes no ill-effect and is effective in reducing tooth decay by approximately two-thirds, and

Whereas fluoridation benefits children and the benefits extend into adult life, therefore be it

Resolved that the Canadian Dental Association reiterates its recommendation to the people of Canada that communities having a public water supply adopt a procedure for adjusting the fluoride content of their water supply to a level considered optimal for the maximum prevention of dental decay, and for this purpose seek competent dental, medical and engineering advice.

ADOPTED

COMMENT AND ACTION

1. Agreed.
- 2-5. Information.
6. Agreed.
7. Noted.
8. Approved.
9. Prompt action on this matter is noted with approval. We recommend that the policy statement on fluoridation be reiterated at this time. (see Appendix F)
10. Approved.
11. We concur.
12. Noted.
13. Approved.
14. Information.
15. Noted.

We move the adoption of the report of the Council on Research.

APPROVED

MEMBERS: *R. O. Brett, Chairman, Regina; E. T. Guest, Toronto.*

REPORT

1. To Rabbi Carl Klein of Beth Shalom Synagogue.

The Board of Governors of the Canadian Dental Association wishes to convey to you sincere thanks for your invocation at the opening session, June 24, 1964.

2. To Dr. Ross Stuart, General Chairman, 1964 Convention Committee, Edmonton, Alberta.

The Board of Governors of the Canadian Dental Association wishes to convey to you and the members of the 1964 Convention Committee a sincere vote of thanks for the splendid clinical and social program and the meticulous arrangements made for the 1964 convention program.

3. To the President of the Canadian Dental Association, Dr. James Zimmerman and Mrs. Zimmerman.

The Board of Governors of the Canadian Dental Association wishes to convey sincere thanks to Dr. and Mrs. James Zimmerman for the most delightful reception enjoyed by the delegates and their wives at the Royal Glenora Club.

4. To the President of the Alberta Dental Association, Dr. M. J. Lipkind.

The Board of Governors of the Canadian Dental Association wishes to convey to Dr. M. J. Lipkind and the members of the Alberta Dental Association most sincere thanks for their kindness and cooperation in making our joint meeting in Edmonton June 24 to July 1 such an outstanding success.

5. To Mrs. G. E. Decker, Chairman of the Committee for Entertainment of Ladies during Board of Governors Meeting.

The Board of Governors of the Canadian Dental Association wishes to express most sincere appreciation for the program arranged by your committee for the ladies entertainment during the Board of Governors Meeting.

6. To Mrs. R. D. Haryett, Chairman of Ladies Convention Committee.

The Board of Governors of the Canadian Dental Association wishes to express most sincere appreciation for the program arranged by your committee for the ladies enjoyment during the convention.

7. To Headquarters Staff, Canadian Dental Association and the Staff of the Alberta Dental Association.

The Board of Governors of the Canadian Dental Association wishes to express sincere thanks for your cheerful and efficient services above and beyond the call of duty.

8. To Dr. and Mrs. A. H. Lane.

The Board of Governors of the Canadian Dental Association wishes to express most sincere appreciation for your kindness in entertaining our ladies in your home during the Board of Governors Meeting.

9. To the President of the Procter & Gamble Company of Canada Limited, Toronto.

The Board of Governors of the Canadian Dental Association wishes to convey to the Procter & Gamble Company of Canada Limited appreciation of the contribution to the program of this convention in arranging for the closed circuit television.

10. To the President of the Colgate Palmolive Co. Limited.

The Board of Governors of the Canadian Dental Association wishes to express appreciation for your contributions to our convention in providing favours for men and women and for the cost of the reception, barbecue and dance at the Derrick Club.

11. To the Mayor and Members of Council of the City of Edmonton.

The Board of Governors of the Canadian Dental Association wishes to express sincere appreciation for the financial grant to our convention and for the assistance in promoting our convention to our members in all parts of Canada.

12. To the Premier and Government of the Province of Alberta.

The Board of Governors of the Canadian Dental Association wishes to express sincere appreciation for the financial grant to our convention and for the assistance in promoting our convention to our members in all parts of Canada.

13. To the General Manager and Staff of the Macdonald Hotel.

The Board of Governors of the Canadian Dental Association wishes to express appreciation for the financial consideration extended to our association and for the excellent arrangements and co-operation of every member of your staff all of which has helped to make our convention such a pleasing success.

14. To the Canadian Medical Association, Alberta Division.

The Board of Governors of the Canadian Dental Association wishes to express sincere appreciation for the use of the council chambers of your building for meetings of the Executive Council of the Canadian Dental Association. The luxurious appointments and the convenient arrangements greatly facilitated the work of the Executive Council.

15. To the President and Directors of the Royal Glenora Club, Edmonton, Alberta.

The Board of Governors of the Canadian Dental Association wishes to express sincere appreciation for the use of your premises for a reception and dinner to the delegates at our convention. Working at short notice and probably under great difficulties your staff provided a delightful function which greatly impressed out of town visitors from every part of Canada.

16. To Dean H. R. MacLean, Faculty of Dentistry, University of Alberta.

The Board of Governors of the Canadian Dental Association wishes to express sincere appreciation to you and to the members of your faculty for arranging an open house at the dental faculty on Saturday, June 27, 1964.

RESOLUTIONS SUBMITTED

Number 1

Canadian Society of Orthodontists

Whereas the Canadian Society of Orthodontists is nearly representative of all orthodontists in Canada, and

Whereas all policy matters regarding orthodontics should be the responsibility of the Canadian Society of Orthodontists, and

Whereas the Canadian Society of Orthodontists wishes to co-operate fully with orthodontic policy, and

Whereas the Canadian Society of Orthodontists will be affected by the Canadian Dental Association policy changes in education, auxiliary personnel, dental services, plans, etc., be it

Resolved that the Board of Governors of the Canadian Dental Association consult with the Canadian Society of Orthodontics in Canada.

COMMENT AND ACTION

Whereas it is not only policy but practice of the Association to maintain close liaison and to cooperate fully with all its components, be it

Resolved that the Canadian Society of Orthodontists be reassured that the Board of Governors is and will be pleased to receive the views of the section and will continue to cooperate in all matters pertaining to orthodontics.

ADOPTED

Number 2

Montreal Dental Club

Whereas the Board of Governors has been concerned with the lack of interest on the part of individual members of the Canadian Dental Association in the administration and policy formulation of the Association, and

Whereas it is axiomatic that interest is directly proportional to active participation in Association affairs, and

Whereas the formulation of a truly national policy should consider the wishes of a greater number of general practitioners than have been heard in the past, and

Whereas these wishes can be better expressed by serving on the various committees of the Canadian Dental Association, and

Whereas the heavy burden of responsibility has been carried by too few willing individuals for many years, therefore be it,

Resolved that no member may be reappointed to a committee on more than one occasion and that after such reappointment a full term shall elapse before reappointment to another committee and further be it,

Resolved that no member shall sit on more than two committees at any given time.

*PROFILE OF PAEDODONTICS*1. *Management of Behavior*

Competence is expected in the guidance of the child dental patient's behavior and the child-parent relationship during the appointment. Until both types of guidance can be mobilized, satisfactory oral treatment usually is impossible.

2. *Restorative and Prosthodontic Procedures for the Dentitions Involved*

Inasmuch as the well-trained children's operator must provide treatment for the primary teeth in which certain variations from adult teeth exist in structure, in morphology of pulpal chambers, root canals and root apices and in external morphological contours of crowns, as well as for immature permanent teeth with large pulpal chambers, incompleting root-ends and extensive collars of gingival tissue, a thorough knowledge, both of the teeth and of scientific technics of preparing cavities for restorations of carious or traumatized crowns, is demanded. Some children also require the construction of removable dentures; a few need complete dentures; another small group requires special appliances for the habilitation of palatal clefts; and, not infrequently, a young permanent dentition requires an anterior bridge. Typical problems which maintain in adult restorative and prosthetic dentistry are enhanced by the immature development of the patient and, hence, demand mastery of skillful and precise restorative technics planned after consideration of additional complications in diagnosis, and planned for an appreciably longer period of service.

3. *Knowledge of and Skill in the Manipulation of Dental Materials*

To rule out empiricism in the selection of materials and to assure clinical manipulation of restorative and appliance materials which enhance their longevity and resistance to stresses, along with due consideration for conservation of the dental pulp and dental supporting tissues, thorough study of and experience with dental materials is required. One of the earlier hindrances to adequate restorative dentistry for children was failure to appreciate the value of scientific materials.

4. *Anesthesia, Extractions, and Minor Oral Surgery*

Certain minor problems of surgery arise from accidents to the young dentition, from developing dental anomalies and growths involving the soft tissues, from irregularity in the exchange of dentitions, from removal of teeth as a part of planned orthodontic treatment, from exposed pulps which lead to extractions or root surgery, and from the treatment required for mentally deficient, palsied and hospitalized children. These conditions, certainly when they arise during the periods of the primary and mixed dentitions, demand some specialized study of anatomy, and training in surgical technics and surgery-room conduct, the use of instruments and scientific utilization of pre-medication, post-medication, anesthetics and anesthesia.

10. Affiliation with a children's teaching hospital (or children's section of a large general teaching hospital) is desirable for undergraduate paedodontic programs and essential for a graduate paedodontic program. It was observed that paedodontics is active in providing restorative services for hospital patients, under general anaesthesia. Since such services do not seem to be available for adults it would be appropriate that those teaching restorative dentistry initiate similar hospital programs. General anaesthesia for restorative dentistry should be reserved for those children who have a properly diagnosed handicapping condition that would make such procedures necessary.

11. *Paedodontics as a Specialty*

The conference noted with regret that paedodontics is not a specialty that is recognized by the Canadian Dental Association. Paedodontics should be a specialty in order to provide

- (1) Superiour consultation services
- (2) Well qualified teachers
- (3) Those qualified to do research
- (4) Personnel qualified to organize and conduct dental departments in childrens' hospitals.

12. A paedodontic graduate program should be of two academic years' duration and include:

- (1) As a prerequisite, one year hospital internship or comparable clinical experience
- (2) A basic science program comprising one half of the first year and one quarter of the second year and including growth and development, genetics, biochemistry and pathology
- (3) Selected clinical and hospital experience
- (4) Experience in undergraduate teaching
- (5) A thesis project which would lead to a masters degree

If it is desirable to produce clinical specialists only then the program could be shortened by the time required for the thesis project. Teaching fellowships should be made available to support students in such programs.

13. The participants are grateful to the Council on Education for the opportunity provided by this conference and recommend the continuance of these conferences as a most valuable contribution to Canadian dental education.

W. H. Feasby,
Chairman.

RESOLUTIONS SUBMITTED

The R.C.D.S. has stated that as a matter of policy, they only recognize those specialties that are recognized by the Canadian Dental Association. We would therefore ask that the Board of Governors of the Canadian Dental Association give serious consideration to the recognition of Endodontics as a certifiable specialty.

COMMENT AND ACTION

Request for the recognition of Endodontics as a specialty should be presented by an organized group representing endodontics through the Committee on Specialists and Specialization according to established C.D.A. policy.

ADOPTED

REPORT

1. In preparing this report the temptation was present to make some review of the accomplishments of the profession during the last quarter of a century. However, such assessment, if done, will be more appropriate at another time and place. The present and what can be seen of the future are more important and some observations will be made on this basis.

2. To say that we are living in a rapidly changing society has become commonplace. Planning for health services is by no means confined to the health professions. The consumer of health services demands his "right" to have a real part in determining when, how and where health services are to be rendered. Evidence exists that altered arrangements can occur with rapidity and it behooves the dental profession to be alert to the portents not only from within the profession but from forceful agencies outside the profession. Students of the movement find it hard to believe that dentistry can sustain a status quo position amidst the alterations taking place today.

3. Need exists for not only meeting the emergent matters which arise so rapidly during these times but there is even greater need to set up long term objectives. Even cursory study shows that examination in breadth of current trends is necessary in order to establish intelligent objectives. Many examples can be cited. The movement in health services for treatment of the body as a whole calls for closer relationship of all those qualified to treat any one part of the body. The fact that health care has become more and more a basic right rather than a privilege has significance. The emphasis being placed on meeting the *needs* rather than the existing *demands* is of importance, particularly to dentistry. The relationship between health services and welfare services is becoming increasingly closer which, according to some authorities, can mean rather drastic alterations for health personnel. Through increased responsibility in reimbursement for health services, more government influence on the kind of health services rendered can be anticipated. Manpower shortages to meet the health needs of people will be overcome, if not in one form then in some other. These and other kindred matters give reason for serious concern on the part of dentistry.

4. The Association has endeavoured to set forth in policy statements direction for meeting the dental health needs in the best interests of the public. Effort should be made to extend and broaden the established concepts in the light of current planning for health services as a whole. Several questions arise for which answers would provide long term objectives. What place should the dentist occupy in health services of the future? What kind of training will be required to fit the dentist for his proper position? What alterations may prove necessary in the practice of dentistry? How are necessary alterations to be accomplished? Such questions are referred to as being of a long term nature and yet the same questions are being discussed by health planners today. At some stage a choice will be made for dentists to be full partners in health service or to occupy a subsidiary position. The profession should have ready answers based upon broad knowledge of the relationship to all other health

services. The plea here is for a broadening of attitude toward health services of the future.

5. The autonomy of the profession is a prized possession. The indicated necessary arrangements for services in the future mean the establishment of closer relationship between those groups rendering health services. An isolated autonomy would probably defeat itself and a continuing cooperative autonomy will be required for the sustainment of dentistry as a true health profession.

6. In essence the profession (1) must face the problems confronting the health professions (2) must provide solutions for these problems and (3) policies for the future must be broadly based keeping in mind that they must be realistically in harmony with developing basic policies in health affairs.

7. Further in consideration of the future of the profession several matters are of concern, both among the councils and committees as well as members at large.

8. *Position of salaried dentists*

(a) Two phases of this concern are existent. First, during recent years positions of importance have opened up in the expansion of health activities. A considerable number of these positions are open to dentists provided that proper qualifications are possessed by the applicants. New areas of expansion in health services demand qualified members of the dental profession, if dentistry is to maintain its proper place as a true member of the health services. In addition, the higher positions now held by dentists are indicative of higher academic qualifications at time of replacements. There is indication that salaried positions are going to increase in number. In order to fulfill this need attention should be given to emphasis on graduate training not only in those areas common to dentistry but in areas other than those generally accepted today as an integral part of dentistry.

(b) The second point in this connection is one of attitude. Members of the profession holding salaried positions are oriented to influence and carry dentistry to higher levels. By their association with other disciplines at all levels the cooperation and attitudes of other members of the profession towards them become a very important factor in the advancement of the profession. With some degree of boldness this point is set forth for the reason that evidence exists that this situation is not always as should exist.

9. *Stability*

(a) A number of ingredients make for stability of a profession. In the first and most important place, the members as individuals constitute the strength and stability of any profession. The attitude the dentist takes towards his own practice and his participation as a citizen of his community constitute the greatest contribution in the development of true professional ideals and objectives.

(b) Secondary to the individual members, the organizations representing the profession are of utmost importance to stability. An organization can

accomplish little without the earnest support of its members. The organizations within dentistry to be most effective need to delineate carefully spheres of activity. What is national should be national in action. What is provincial in nature should be provincial in action. What is local should be acted upon by the local organization. At all levels assistance should be readily available at all times, each level assisting the other.

(c) Many factors make for stability in a profession and a most important matter is financial ability to assume responsibilities. This applies to all levels of dental organizations in accordance with their respective responsibilities. The experience of this Association has illustrated the matter adequately. A quarter of a century ago it was difficult even to gain the cooperation of any agency for a project for the simple reason that the Association was in a precarious position financially. A long struggle of careful budgeting occurred to establish even a token reserve made up of bonds of small dimensions. Owing to the generosity of the corporate members and the hard work of volunteers among the membership, the Association has established some degree of competence to take up its responsibilities. However, when compared to institutions considered financially sound, the Association has not reached a satisfactory position. Necessary projects for the advancement of dentistry are arising which will place great demands on the Association for funds. Every indication exists that such demands will increase in future. The financial statement of this Association has been an important document in making gains for the profession on a wide basis. Unfortunately, there have been times when the profession lost out in worthy projects because of weakness in financial position.

10. Perhaps it may be with some degree of precocity to raise a question related to an established activity within the profession of some years duration. However, we live today in a very critical social environment where the profession should examine its position carefully. The dental profession possesses strong powers of discipline for its members as do other professions. In one form or another, legal defence mechanisms have been set up within the profession, and at least in some areas, for the defence of members. Recently some questions have been raised respecting the vulnerability of the profession under such circumstances. The value of a legal defence organization is recognized but consideration should be given as to whether or not such an activity should be an integrated part of a dental organization or entirely separate as an autonomous body and not supported by an organization actually of dentistry. This comment is not to be construed as criticism in any form of the activities in this area of the past or present. Much good has been accomplished but this is presented for consideration in relationship to the present-day structure of our social environment.

11. The base from which the profession has directed its activities is that of prevention and control. In adopted policies of this Association, in briefs and memoranda issued from time to time, and by all available media, emphasis has been placed on this area of dentistry. The future of dental practice, the improvement of the dental health of the nation and the position occupied by dentistry in health services depend greatly on the adoption of proper attitudes and actions in support of this objective. Amidst the clamour today for the immediate enhancement of treatment services, a strong tendency exists to

neglect the longer term and more beneficial benefit of prevention and control. Long experience has taught the need for intensive dental health education to accompany programs in dental health. Means of counteracting the current emphasis on treatment alone require careful consideration and action.

12. History turns no sharp corners. In all the civilizations of the past including our own, public policy has established the turn of events. What the majority of the people in a country wanted done, was eventually done. Delays occurred and often the action was not rapid but eventually it was accomplished. Public policy dominates when supported by the majority of the people. As a consequence no guarantee exists that a particular way of life can be sustained indefinitely. Dentistry, as a profession, is subject to and controlled by public policy. In spite of this cardinal fact there are those who persist in the idea that dentists have a monopoly on dental services and consequently can resist change. The best assurance of protecting the interests of dentists themselves and the services they perform in the best interests of the public lies in early recognition of changes in the offing and adequate preparation in meeting such alterations.

13. Inconsistent with former reports of this office I should like to address you briefly in the first person. Never did one man owe so much to so many for so many years, for guidance and assistance. During what amounts to almost a quarter of a century hundreds of dentists from across this whole country have laboured constructively to improve Canadian dentistry. The value of the contributions is inestimable and all have done this voluntarily in the interests of the profession, with no thought of gain to themselves. Duplication of the sacrifices made to serve would be difficult to find. Any accomplishments are due to the untiring efforts of all these men. In turn the active men holding office have been supported by the members as a whole. My desire is to thank all, but language fails to provide adequate means.

14. The loyalty of the Corporate Members is deserving of special mention as they have provided the bulwark of possibilities. Times have occurred when progress appeared hampered and impossible to achieve but the Corporate Members have never failed to provide. To one who has stood in the midst of affairs it is remarkable how willingly and readily the responsibility has been assumed when need has arisen.

15. All through the years I have been blessed with a most loyal staff. Loyalty of those with whom one works is the key to a successful operation. Through such loyalty the profession has benefited greatly. Their interest in trying to improve Canadian dentistry has been unremitting. They work consistently for improvement and do the real work of the Association. To them I desire to record a personal note of gratitude and trust that the membership as a whole will realize the value of the staff members.

16. Personally, this is a year of emotional extremes for me. On the one hand I shall miss the close connections I have enjoyed not only in the professional activities but with the families as a whole of so many dentists across the country. How does one express thanks for such wonderful experience? In the beginning I said that I thought dentists were the finest group of individuals

possible to be associated with. I have found no reason to alter that opinion. True, necessary decisions have had to be made and perhaps some may have disagreed but if any enmity was created that enmity exists in their minds and not in my own.

17. During recent months dental organizations at all levels across this country have honoured me by some tangible token far beyond the measure of any contribution I could possibly have made. The generosity exemplified has known no bounds. My wife and I now live in a home among the gifts of our friends which recreate daily the joys of friendship with so many. Again, how does one give thanks for such abundant liberality when there is no possibility of repayment.

18. Further I must recognize the thoughtfulness of so many members of the profession who have written me since the announcement of retirement. In this I must include many from other countries. Old friends have written in generous praise, young dentists I know not personally and other members of dentists' families have written.

19. With some degree of embarrassment I mention these happenings as I feel duty bound to express my appreciation with the greatest degree of fullness. While at this stage I realize so well the errors which have occurred, the omissions which should have been performed, and the weaknesses when strength should have existed, my spirit is uplifted by my friends.

20. And finally, I desire to thank the Association as a whole: the officers, the councils, the committees, and the members at large for their generous attitude. When I have failed you have supported me; when some small success came about you have over-praised me; always loyal and encouraging, never chastising or discouraging. Your strength has been my support.

21. In closing I should like to quote a favourite statement written 3,000 years ago:

“To every thing there is a season, and a time to every purpose under the heaven;

A time to be born, and a time to die; a time to plant, and a time to pluck up that which is planted;

A time to kill, and a time to heal; a time to break down, and a time to build up;

A time to weep, and a time to laugh; a time to mourn, and a time to dance;

A time to cast away stones, and a time to gather stones together; a time to embrace, and a time to refrain from embracing;

A time to get, and a time to lose; a time to keep, and a time to cast away;

A time to rend, and a time to sew; a time to keep silence, and a time to speak;

A time to love, and a time to hate; a time of war, and a time of peace.”

— Ecclesiastes, Chapter 3, Verses 1-8.

Merci beaucoup.

COMMENT AND ACTION

- 1-3. Agreed.
4. Agreed. We agree wholeheartedly with these broad concepts as stated.
5. We concur wholeheartedly.
- 6-7. Agreed.
8. (a) Concurred with interest.
(b) We heartily concur.
9. (a) & (b) We concur.
(c) Members often fail to recognize that financial stability is essential to progress.
10. It is acknowledged that conflict of interests exists. It is recommended that the matter be considered at the Secretaries' Conference later this year and be studied by the Executive Council.
11. Agreed wholeheartedly.
12. Agreed. This statement is a realistic call to recognize the changing concept of dentistry.
15. We heartily concur and share this pride.
13. 14. 16. 17. 18. 19. 20. 21.

The scope and depth of the observations contained in the report of the Secretary represent the culmination of many years of dedicated service, contemplative thought and concerned devotion to the cause not only of dentistry in Canada but indeed that of the world.

The statements, sentiments and recommendations extolled offer a challenging blueprint for the future growth of our profession.

The noble crusade of Dr. Gullett's twenty-five years has afforded stimulation and inspiration to all who have enjoyed the privilege of membership in the Canadian Dental Association.

We recommend the adoption of the Secretary's Report.

APPROVED

SPECIALISTS AND SPECIALIZATION

MEMBERS: *M. A. Rogers, Chairman, Montreal; P. J. Gitnick, Montreal; J. J. McCarthy, Montreal; H. T. Oliver, Montreal.*

REPORT

1. This committee has had a rather quiet year. As you know, the future development of specialization in dentistry in Canada awaits the incorporation of the proposed Royal College of Dentists of Canada. Several requests for information have been received and dealt with in the usual manner. No controversial issues have arisen and, as a result, only one meeting of the committee was held.

2. Early in September 1963 the chairman was privileged to present a position paper on Specialists and Specialization in Canada to the joint meeting in Chicago of the Executive Council of the Canadian Dental Association and the Board of Trustees of the American Dental Association. A similar presentation was made by the A.D.A. It was interesting to note that the principles and policies of the two associations are very similar although, with the recognition of Endodontics in July 1963, the American Dental Association now recognizes eight areas of specialization. The members of the American Dental Association delegation showed great interest in our proposed Royal College.

3. Specialization in dentistry was one of the most important matters discussed at the 51st annual session of the F.D.I. in Stockholm, Sweden. Our Canadian representatives participated in the deliberations at which their "Principles of Specialization in Dentistry" were evolved. This committee has a copy of this somewhat lengthy document and notes with interest that, essentially, our principles are in complete agreement.

Interesting extracts from the F.D.I. policy statement are the following:

(a) The primary purpose of the specialist is to render an exceptional service to his patient.

(b) The profession may recognize specialists by

- I. Defining the areas of dental practice in which specialization will be recognized.
- II. Establishing the educational and experience requirements for practice in a special area.
- III. Establishing boards which validate educational and experience qualifications and administer examinations for entrance into specialist status.
- IV. Awarding certificates to those who have completed these requirements.

(c) Specialty organizations should be encouraged on the basis of a well-defined and close relation to the profession and national dental association.

4. The committee noted with interest a statement from the Conference on Paedodontic Education held in Toronto in February 1964 as published in the minutes of the Council on Education meeting in February. "The Conference noted with regret that paedodontics is not a specialty that is recognized by the Canadian Dental Association", and reasons are given to support their belief

that it should be so recognized. Enquiries have been received and direction has been given as to the manner in which Paedodontics and Endodontics might become recognized as specialties by the Canadian Dental Association.

5. *Royal College of Dentists of Canada*

(a) Early in June 1963 steps were taken towards seeking legislation to establish the Royal College. Since that time, the solicitor for the Canadian Dental Association has been in almost continuous correspondence with the Secretary of State and other authorities in Ottawa respecting the Bill. Such an undertaking is slow and laborious and at times the delays have been somewhat disconcerting. Obtaining consent for the use of the word "Royal" has involved many different departments of government.

At the time of this meeting we are informed by the Association solicitor that the use of the word "Royal" has been granted.

(b) The Bill was advertised in the Gazette for three consecutive issues as required by law and it now appears that it will be introduced in the present session of the Parliament of Canada.

(c) It is difficult to know if or when incorporation will be achieved but it appears near at hand and certainly all of those involved deserve commendation for their efforts to that end.

6. *Future Plans*

As was stated at the outset of this report, the committee anxiously awaits the incorporation of the proposed Royal College. The constitution of that College states that the provisional council, already named, shall be convened within six months after incorporation. The details of operation of the College will be established at that time. As directed by the Board of Governors, this committee is preparing, as a basis for discussion at that meeting, specimen by-laws and proposals for other details such as gowns, seal and certificates.

7. The year ahead will surely be busy, challenging and very important for specialization in dentistry in Canada. The interest and support of all is paramount in assisting us to launch this venture so that it will best serve its intended purpose.

COMMENT AND ACTION

1. Information.
2. Noted with appreciation.
3. Information—noted with interest.
4. Information.
5. Noted with extreme satisfaction.
6. Information.
7. Noted with commendation.

The report of the Specialists and Specialization Committee is recommended for adoption.

APPROVED

REPORT

1. I am happy to report that we were able to show a surplus of \$23,061.26 for the year 1963. Our estimated deficit was \$7,539. The surplus was due mainly to:

- (a) increased revenue from one of the Corporate Members (Alberta).
- (b) increased advertising rates in the Journal.
- (c) publications other than Journal.
- (d) grants to Council on Research and from National Cancer Institute of Canada.

2. (a) Since the last meeting of the association the addition to the building has been completed and the furnishings installed. A good number of the members have seen the addition and have expressed their delight and satisfaction with the additional space and its utilization.

(b) The estimated cost of the addition and furnishings was in the vicinity of \$130,000 and the expenditures have been fairly closely allied to this amount.

Contract price of building \$115,562.00

Total cost of building \$122,942.12 which includes
architect's fee, legal fees, special
hydro installation, etc.

(c) Due to the fact that we have been carrying a substantial amount of cash in the reserve fund in anticipation of expansion of the property, we have been able to underwrite the costs without selling any bonds in this fund.

(d) Furnishings and Equipment cost \$17,959.29. The funds for this are being paid from the general account.

3. (a) Authority was given by the Executive Council at the May meeting to the secretary and treasurer to invest in bond issues in the period between Council meetings. An analysis of the transactions appears as Appendix C.

(b) One bond issue (B.C.) 3% matures in 1964 (June 15) in the amount of \$500.

4. The fourth Secretaries' Conference was held in Montreal on December 2nd, 3rd, and 4th, the financial basis being the same as the previous Conferences. The expenses were charged to Expense Reimbursements and contributions credited to this account.

5. Two extra meetings of the Executive Council were held during the year, one in Chicago and the other in Toronto. The costs involved in holding these meetings are reflected in the Expense Reimbursements item which was over-spent by an amount in excess of \$3,000.

6. The convention in Toronto contributed \$2,664.35 to the Association. Our estimated revenue was \$1,000.

7. The Executive Council at the February meeting authorized a contribution of \$5,000 to the Canadian Fund for Dental Education in 1964. This is to be charged to the Contingency Fund.

8. The Executive Council approved the resolution of the Council on Education regarding the holding of a conference in the fall of 1964 to establish curriculum and minimum requirements for the training of dental assistants. This involves an expenditure of \$1,000 from the 1964 budget.
9. On recommendation of the Council on Education, the Executive Council approved the expenditure of \$650 from the 1964 budget for a conference of directors of dental hygiene schools in Canada.
10. All provinces are making annual grants to the Canadian Dental Association on the basis of \$40 per member with the exception of Quebec.
11. The auditor's financial statement for 1963 appears as Appendix A and is approved by the Executive Council.
12. The firm of Thorne, Mulholland, Howson and McPherson was appointed auditor for 1964 by the Executive Council.
13. Appendices to this report include:
 - Comments on financial statement for 1963, Appendix B.
 - Bond List as of December 31, 1963, Appendix D.
 - Budget for 1965, Appendix E.
 - Revisions of 1964 budget, Appendix F.

Appendix A

AUDITORS' REPORT

We have examined the balance sheet of the Canadian Dental Association as at December 31, 1963, and the statements of revenue and expenditure for the year ended on that date. Our examination included a general review of the accounting procedures and such tests of accounting records and other supporting evidence as we considered necessary in the circumstances.

In our opinion the accompanying balance sheet and related statements of revenue and expenditure present fairly the financial position of the Association as at December 31, 1963, and the results of its operations for the year ended on that date, on a basis consistent with that of the preceding year.

Toronto, Canada,
January 21, 1964.

Thorne, Mulholland, Howson & McPherson
Chartered Accountants

TREASURER

BALANCE SHEET

December 31, 1963

— ASSETS —

General Account:

Cash	\$ 89,126.87	
Accounts receivable	2,942.25	
Prepaid expenses and air travel deposit	1,794.20	
Land, 234 St. George St., Toronto, at cost ..	5,100.00	
Building, 234 St. George St., Toronto, at cost	\$ 68,111.26	
Less Accumulated depreciation	21,982.34	46,128.92
Building addition under construction, at cost (see note)		93,721.84
Furniture and fixtures, at cost	47,313.76	
Less Accumulated depreciation	31,363.29	15,950.47
		\$254,764.55

War Memorial Award Fund:

Cash	566.94	
Government and government guaranteed bonds, at cost (market value (\$8,005.00))	8,490.37	
Interest accrued on bonds	87.81	9,145.12

The Grieve Memorial Lectureship Fund:

Cash	409.28	
Government and government guaranteed bonds, at cost (market value \$5,115.00)	5,348.13	
Interest accrued on bonds	74.58	5,831.99

Library Trust Fund:

Cash	917.75	
Books	10,382.43	
Less Accumulated depreciation	10,381.43	1.00
		918.75

Reserve Fund:

Cash	59,434.81	
Government and government guaranteed bonds, at cost (market value \$145,400.00)	150,727.25	
Interest accrued on bonds	1,892.04	212,054.10

Employees' Pension Account:

Cash	2,763.00	
		<u>\$485,477.51</u>

— LIABILITIES AND SURPLUS —

General Account:

Accounts payable to suppliers				\$ 18,220.74
Unexpended balance of grant from National Cancer Institute				512.46
Surplus, December 31, 1962	\$162,970.09			
Transfer from Reserve Fund for cost of addition to building	\$50,000.00			
Surplus for year 1963	23,061.26	73,061.26	236,031.35	\$254,764.55

War Memorial Award Fund:

Surplus, December 31, 1962	9,046.23
Surplus for year 1963	98.89

The Grieve Memorial Lectureship Fund:

Surplus, December 31, 1962	5,611.93	
Surplus for year 1963	220.06	5,831.99

Library Trust Fund:

Accounts payable		85.69	
Surplus, December 31, 1962	1,359.27		
Deficit for year 1963	526.21	833.06	918.75

Reserve Fund:

Surplus, December 31, 1962		237,956.90	
Transfer to General Account	50,000.00		
Surplus for year 1963	24,097.20	25,902.80	212,054.10

Employees' Pension Account:

Account payable		2,572.05	
Surplus, December 31, 1962	155.81		
Surplus for year 1963	35.14	190.95	2,763.00
			<u>\$485,477.51</u>

Note: The Association entered into a contract dated May 3, 1963, to construct an addition to the office building. As at December 31, 1963, the amount required to complete the contract is approximately \$30,800.00.

TREASURER

GENERAL ACCOUNT STATEMENT OF REVENUE AND EXPENDITURE

— REVENUE —

Grants from corporate members:

British Columbia	\$27,960.00	
Alberta	19,240.00	
Saskatchewan	7,640.00	
Manitoba	10,820.00	
Ontario	97,560.00	
Quebec	35,250.00	
New Brunswick	4,000.00	
Nova Scotia	8,200.00	
Prince Edward Island	1,240.00	
Newfoundland	<u>1,200.00</u>	\$213,110.00

National convention, 1963		2,664.35
Advertising, CDA Journal		68,530.75
Subscriptions, CDA Journal		1,227.01
Sale of publications, other than Journal		14,906.43

Council on Research:

Donation	3,000.00	
Transfers from The Canadian Dental Research Foundation	<u>597.99</u>	3,597.99

Associate membership		1,446.19
Grant from National Cancer Institute		1,350.00
Proceeds from sale of fully depreciated equipment		<u>228.15</u>

\$307,060.87

— EXPENDITURE —

CDA Journal:

Printing	37,804.24	
Commissions	23,793.42	
Cuts and postage	<u>3,237.01</u>	64,834.67

Federation Dentaire Internationale		1,405.92
Grant to Library Trust Fund		1,000.00
Grant to Canadian Fund for Dental Education ..		5,015.00
Transfer to The Canadian Dental Research Foundation ..		500.00
Fellowships and studentships		12,942.50
Salaries		86,219.76
Officers' and employees' pension plan		8,375.28
Unemployment insurance		410.08
Health insurance		1,911.41
Expense reimbursements		24,701.60
Annual meeting		11,166.63

TREASURER

Legal and audit		1,225.00
Contingency Fund		2,456.75
Publication expenses, other than Journal		26,385.51
Translations		650.00
Office supplies and miscellaneous expenses		4,729.79
Telephone and telegraph		1,361.29
Postage		3,725.92
Depreciation, building		1,702.78
Depreciation, furniture and fixtures		2,838.74
Repairs and maintenance		829.52
Transfers to Reserve Fund		15,000.00
Insurance		841.99
Light, water and power		1,206.20
Taxes		1,213.27
National Cancer Institute project:		
Expenditure for year	837.54	
Unexpended balance of grant	512.46	1,350.00
		<u>283,999.61</u>
<i>Surplus for year, after giving effect to the trans-</i> <i>fer of \$15,000.00 to Reserve Fund</i>		<u>23,061.26</u>
		<u><u>\$307,060.87</u></u>

WAR MEMORIAL AWARD FUND
STATEMENT OF REVENUE AND EXPENDITURE

— REVENUE —		
Bond interest		\$310.00
Profit on redemption of bond		75.00
Bank interest and exchange		13.89
		<u>\$398.89</u>
— EXPENDITURE —		
Essay awards		300.00
<i>Surplus for year</i>		<u>98.89</u>
		<u><u>\$398.89</u></u>

THE GRIEVE MEMORIAL LECTURESHIP FUND
STATEMENT OF REVENUE AND EXPENDITURE

— REVENUE —		
Bond interest		\$245.00
Donations		210.00
Bank interest		10.51
		<u>\$465.51</u>

TREASURER

— EXPENDITURE —

Orthodontic Section of Canadian Dental Association	245.00
Bank charges	.45
	<u>\$245.45</u>
Surplus for year	220.06
	<u>\$465.51</u>

LIBRARY TRUST FUND STATEMENT OF REVENUE AND EXPENDITURE

— REVENUE —

Grant, Canadian Dental Association, from General Account	\$1,000.00
Bank interest	30.16
	<u>\$1,030.16</u>

— EXPENDITURE —

Binding books, journals, etc.	563.15
Depreciation, books	986.73
Bank charges	6.49
	<u>1,556.37</u>
Deficit for year	526.21
	<u>\$1,030.16</u>

RESERVE FUND STATEMENT OF REVENUE

Transfers from General Account	\$15,000.00
Interest on bonds	5,628.32
Bank interest	3,468.88
	<u>\$24,097.20</u>

EMPLOYEES' PENSION ACCOUNT STATEMENT OF REVENUE

Bank interest	\$35.14
Surplus for year	<u>\$35.14</u>

Appendix B

COMMENTS ON FINANCIAL STATEMENT

1. A surplus of \$23,061.23 after transferring \$15,000 to the reserve account.
2. Balance in general account December 31st, 1963 \$ 88,829.52
This appears to be quite a substantial amount but I would bring to your attention that payment of a portion of the annual grant by one of the Corporate Members is received on December 31st, each year. The amount received this year was \$47,560.
3. Interest (Reserve Fund)

1962 Bond Interest	\$5,595.00	
1963 Bond Interest	5,628.32	
1962 Bank Interest	2,306.84	
1963 Bank Interest	3,468.88	
Amount placed in Reserve Fund in 1962		\$ 22,969.24
Amount placed in Reserve Fund in 1963		24,097.20
Total in Reserve Fund December 31st, 1962		\$237,956.90
of which \$106,912.69 was in cash.		
Total in Reserve Fund December 31st, 1963		\$212,054.10
of which \$ 59,434.81 was in cash.		

Appendix C

*BOND TRANSACTIONS
1963**Reserve Fund**Purchased*

	<i>Bond</i>	<i>Interest</i>
\$10,000 Alberta Municipal Finance Corpora- tion, 5½ %, due April 1, 1983	\$10,025.00	\$125.07
10,000 Hydro - Electric Power Commission of Ontario, 5%, due Nov. 15, 1976	9,700.00	52.05
10,000 Manitoba Telephone, 5½ %, due De- cember 2, 1986	10,000.00	31.64
	<u>\$29,725.00</u>	<u>\$208.76</u>

Received

\$ 500 Province of Quebec, 3%, \$ 500.00
due October 1, 1963

(The proceeds of this maturity were deposited in Reserve Account)

*War Memorial Scholarship Fund**Purchased*

\$ 1,000 Province of Quebec Debenture, 6%,
due October 15, 1988 \$ 995.00
Callable 1986

Received

\$ 1,000 Province of Quebec, 3%,
due October 1, 1963 \$1,000.00

(This bond matured and was re-invested as shown)

*GOVERNMENT AND GOVERNMENT GUARANTEED
BONDS*

RESERVE FUND

	<i>Par</i>	<i>Paid</i>
<i>Government of Canada</i>		
5¼ % October 1, 1975	15,000.00	15,000.00
3¼ % June 1, 1976	1,000.00	990.00
3¼ % June 1, 1976	2,000.00	1,997.50
3¼ % October 1, 1979	1,000.00	972.50
3¼ % October 1, 1979	10,000.00	9,750.00
3¼ % October 1, 1979	5,000.00	4,550.00
3¾ % January 15, 1978	10,000.00	9,650.00
5½ % April 1, 1969	15,000.00	14,737.50
<i>Province of Ontario</i>		
4 % January 1, 1966/68	1,000.00	997.50
3 % September 1, 1965	4,000.00	4,000.00
4¼ % May 15, 1971/74	3,000.00	3,000.00
5 % July 15, 1975	15,000.00	14,850.00
4¼ % May 15, 1971/74	2,000.00	2,012.50
<i>Province of Quebec</i>		
4 % April 15, 1966	1,000.00	995.00
5¾ % February 1, 1986	5,000.00	4,962.50
<i>Province of British Columbia</i>		
3 % June 15, 1964	500.00	491.25
<i>Province of Prince Edward Island</i>		
4¼ % December 1, 1967	1,000.00	993.75
<i>Province of New Brunswick</i>		
3¾ % April 15, 1970	1,000.00	987.50
<i>Province of Nova Scotia</i>		
5 % December 15, 1973	5,000.00	4,962.50
<i>Manitoba Telephone</i>		
5½ % December 2, 1986	10,000.00	10,000.00
<i>Alberta Government Telephone Debentures</i>		
4¼ % July 2, 1978	2,000.00	1,960.00
<i>Alberta Municipal Finance Corporation</i>		
5½ % April 1, 1983	10,000.00	10,025.00
<i>Hydro-Electric Power Commission of Ontario (Guaranteed by Province)</i>		
4¼ % July 15, 1969	2,000.00	1,985.00
3 % April 1, 1968/70	500.00	498.75
4¾ % August 15, 1975	2,000.00	1,940.00

TREASURER

	<i>Par</i>	<i>Paid ..</i>
5 % November 15, 1976	5,000.00	4,975.00
5 % October 15, 1978	5,000.00	4,925.00
5 % November 15, 1976	10,000.00	9,700.00
<i>Hydro-Electric Commission</i>		
<i>(Guaranteed by Province of Quebec)</i>		
5 % November 15, 1982	\$ 1,000.00	\$ 983.50
<i>Canadian National Railway</i>		
<i>(Guaranteed by Government of Canada)</i>		
3¾ % February 1, 1972/74	3,000.00	2,985.00
4 % February 1, 1981	5,000.00	4,850.00
As of December 31, 1963	<u>\$153,000.00</u>	<u>\$150,727.25</u>

GRIEVE MEMORIAL LECTURESHIP FUND

Government of Canada (Conversion Loan)

4½ % September 1, 1983	\$ 3,500.00	\$ 3,408.13
4½ % September 1, 1983	1,000.00	935.00

Hydro-Electric Power Commission of Ontario
(Guaranteed by Province)

4¼ % November 1, 1964/67	1,000.00	1,005.00
As of December 31, 1963	<u>\$ 5,500.00</u>	<u>\$ 5,348.13</u>

WAR MEMORIAL SCHOLARSHIP FUND

Government of Canada (Conversion Loan)

4½ % September 1, 1983	\$ 2,500.00	\$ 2,621.87
------------------------------	-------------	-------------

Province of Ontario

3 % April 15, 1965	1,000.00	997.50
4¼ % May 15, 1971/74	1,000.00	1,006.25

Province of Quebec Debentures

6 % October 15, 1988	1,000.00	995.00
----------------------------	----------	--------

Province of Manitoba

3 % February 16, 1967	1,000.00	993.75
-----------------------------	----------	--------

Province of Nova Scotia

3 % December 15, 1967	1,000.00	890.00
-----------------------------	----------	--------

Hydro-Electric Power Commission of Ontario
(Guaranteed by Province)

3 % January 15, 1968	1,000.00	986.00
----------------------------	----------	--------

As of December 31, 1963	<u>\$ 8,500.00</u>	<u>\$ 8,490.37</u>
-------------------------	--------------------	--------------------

1965 BUDGET

Revenue

	<u>1963 Budget</u>	<u>1963 Actual</u>	<u>1964 Budget</u>	<u>1965 Budget</u>
Grants from Corporate Members				
British Columbia	\$ 26,500	\$ 27,960.00	\$ 27,000	\$ 28,000
Alberta	11,250	19,240.00	18,520	19,500
Saskatchewan	7,500	7,640.00	7,000	7,500
Manitoba	10,500	10,820.00	11,000	11,000
Ontario	99,000	97,560.00	102,500	98,500
Quebec	34,500	35,250.00	35,000	35,000
New Brunswick	3,500	4,000.00	4,000	4,000
Nova Scotia	8,200	8,200.00	8,500	8,400
Prince Edward Island	1,250	1,240.00	1,250	1,250
Newfoundland	1,000	1,200.00	1,300	1,200
Advertising CDA Journal	65,000	68,530.75	69,000	68,000
Subscriptions CDA Journal	1,000	1,227.01	1,200	1,200
Publications, other than Journal	8,000	14,906.43	8,000	10,000
Annual Convention	1,000	2,664.35	1,000	1,000
Associate Membership	500	1,446.19	500	1,000
Council on Research				
— donation		3,000.00		
— interest from CDRF		597.99		600
Profit on sale of fixed assets		228.15		
Grant from National Cancer Institute		1,350.00		
TOTALS	<u>\$278,700</u>	<u>\$307,060.87</u>	<u>\$295,770</u>	<u>\$296,650</u>

1965 BUDGET

Expenditures

	<u>1963 Budget</u>	<u>1963 Actual</u>	<u>1964 Budget</u>	<u>1965 Budget</u>
Studentships	\$ 10,900	\$ 12,942.50	\$ 11,900	\$ 13,000
Journal — printing	39,000	39,804.24	42,000	40,000
— commissions	23,000	23,793.42	25,500	23,750
— cuts & postage	3,200	3,237.01	3,200	3,500
Fed. Dentaire Internationale	1,350	1,405.92	1,750	1,800
Salaries	93,865	86,219.76	87,750	97,900
Pension plan	4,500	8,375.28	8,500	6,500
Unemployment insurance	400	410.08	450	500
Health insurance	2,200	1,911.41	2,200	2,200
Expense re-imbursements	22,000	24,701.60	25,000	26,000

TREASURER

Annual Meeting	10,074	11,166.63	18,329	15,000
Legal & audit	1,000	1,225.00	1,250	1,250
Publications, other than Journ.	22,000	26,385.51	25,000	25,000
Library	1,250	1,000.00	1,500	1,500
Translations	1,000	650.00	1,000	1,000
Office supplies & expenses	9,000	4,729.79	8,000	6,000
Telephone & telegraph	1,000	1,361.29	1,200	2,000
Postage	4,000	3,725.92	4,000	4,500
Insurance	1,500	841.99	600	600
Repairs & maintenance	2,000	829.52	2,000	2,000
Light, heat & water	1,450	1,206.20	1,450	2,750
Taxes	1,200	1,213.27	1,400	2,100
Contingency fund	10,000	2,456.75	10,000	10,000
Depreciation & reserve				12,500
(Transfer to reserve)	5,000	4,541.52	5,000	
Transfers to reserve	10,000	15,000.00	10,000	
Sundry	350		500	500
Can. Fund for Dent. Education	5,000	5,015.00		5,000
Transfer to C.D.R.F.		500.00		500
National Cancer Institute grant		837.54		500
TOTALS	\$286,239	\$283,487.15	\$299,479	\$307,350
SURPLUS		23,573.72		
DEFICIT	7,539		12,209	10,700

Appendix F

REVISION OF 1964 BUDGET

Expenditures

	1964 Budget	1964 Revision
Studentships	\$ 11,900	\$ 11,900
Journal — Printing	42,000	42,000
— Commissions	25,500	25,500
— Cuts & Postage	3,200	3,200
*Federation Dentaire Internationale	1,750	1,800
*Salaries	87,750	92,110
Pension plan	8,500	8,500
Unemployment insurance	450	450
Health insurance	2,200	2,200
Expense re-imbursements	25,000	26,650
Annual Meeting	18,329	18,329
Legal & audit	1,250	1,250
Publication, other than Journal	25,000	25,000
Library grant	1,500	1,500
Translations	1,000	1,000

TREASURER

Office supplies and expenses	8,000	8,000
*Telephone and telegraph	1,200	2,024
Postage	4,000	4,000
Insurance	600	600
Repairs and maintenance	2,000	2,000
*Light, heat and water	1,450	2,750
*Taxes	1,400	1,800
Contingency Fund	10,000	10,000
Depreciation	5,000	5,000
Transfer to reserve	10,000	10,000
Sundry	500	500
	<u>\$299,479</u>	<u>\$308,063</u>

*Altered items

COMMENT AND ACTION

1. Encouraging.
2. (a) Noted with satisfaction.
(b) Noted.
(c) Noted.
(d) Noted.
3. Information.
- 4-5. Noted.
6. Information.
7. Noted with approval.
- 8-9. Agreed.
- 10-11. Noted.
12. Approved.
13. (a) Information.
(b) Information.
(c) Noted.
(d) It has come to our attention that the Executive Council has approved a further sum of \$2,000 to be added to the budget of the Council on Journalism. This is now included in the Treasurer's report.
It is our opinion that this sum is still inadequate for the purposes of the Council on Journalism.
We recommend that an additional sum of at least \$3,000, at the discretion of the Executive Council, be added to the budget of the Council on Journalism.
(e) Noted.

We recommend that the report of the Treasurer be approved.

APPROVED

MEMBERS: *G. Baril, Chairman, Montreal; J. Findlay, Halifax; A. Raymond, Montreal; D. J. Munro, Montreal; S. Silver, Montreal.*

REPORT

1. The 1963-64 annual competition was bearing the title "The Importance of Minor Tooth Movement as a prerequisite for restorative procedures".
2. Five entries only were received: McGill—1, Montreal—2, Alberta—2.
3. All entries were received by March 31st.
4. The judges are the same as last year: Dr. Georges Pelletier, Dr. H. Muhlstock and Dr. O. Sykora. They have been kind enough to accept the burden of judging the essays.
5. This committee thinks that it would function more efficiently if the out-of-town member would be replaced by a local member; no less competent; this member would be a real working member.
6. Not to impose too heavy a task upon the judges this committee plans to ask a new group of three men to act in this capacity next year.
7. The title "Management of Dental Emergencies" has already been chosen for the year 1964-65 and sent to the dental schools.
8. The winners of the 1963-64 essay competition will be announced later. The title for 1965-66 will be "Dental Calculus: the mechanism of its formation and its effects on oral health".

COMMENT AND ACTION

- 1-4. Information.
5. While appreciating the reasons for the suggestion, we are not in agreement with the proposal. We recommend that this matter be referred to the nominating committee.
- 6-7. Information.
8. We have been informed that the judging of the essays has not yet been completed. This is regrettable because it has always been C.D.A. practice to announce the winner at the annual meeting.

We move the adoption of the War Memorial Awards Committee report.

APPROVED

*ANNUAL MEETING
CANADIAN DENTAL ASSOCIATION*

The annual luncheon meeting of the Canadian Dental Association was held in the Banquet Room of the Macdonald Hotel, Edmonton, Alberta, commencing at 12.45 p.m., on Monday, June 29, 1964. Dr. James Zimmerman, of Calgary, Alberta, the retiring President of the Canadian Dental Association, presided.

Luncheon was opened with the singing of O Canada and the following Invocation, pronounced by Dr. Zimmerman:

Blessed be Thou, O Lord, our God, King of the Universe,
Who bringeth forth sustenance from the earth.

The "Toast to the Queen" followed.

PRESIDENT ZIMMERMAN: I would like to make the announcement that we have a registration of over 700. The total people at this convention is 1600.

I would like you to look at your programs and you will see the list of the head table guests. In order to save time, we will not introduce them all individually.

Besides the official guests who will be introduced later on, we have guests from distant countries. We have a man from South Africa, one from Singapore and two men from Cuba.

(Later) Now, Ladies and Gentlemen, I would like to call this meeting to order. It is a privileged occasion and a very pleasant one for me to welcome on your behalf those who represent associations outside of Canada. Both representatives are not only bringing greetings from their respective associations but they are also appearing on the scientific program of this convention.

Dr. Harold Hillenbrand, Secretary of the American Dental Association, an Honorary Member of the Canadian Dental Association, is recognized throughout all the world not only as one of the chief architects of organized dentistry but also as one of its builders. It is a personal pleasure to introduce to you Dr. Harold Hillenbrand, who will bring greetings from the American Dental Association. (Applause))

GREETINGS FROM AMERICAN DENTAL ASSOCIATION

DR. HAROLD HILLENBRAND: Mr. Chairman, Members and Guests of the Canadian Dental Association, Ladies and Gentlemen: It is with great pleasure that I bring you the greetings of the Officers and Trustees and Members of the American Dental Association. Our Associations, that is, members of your Executive, and members of our Board of Trustees, have met once in Toronto and once in Chicago, and I assure you these meetings have resulted in joining together very closely and enhancing the very cordial relations which exist between our professions and our countries. I join with my Officers and Board of Trustees in extending you our greetings, and on

our behalf I wish to say a word of very deep appreciation for the ever generous Canadian hospitality that you have extended to a guest from beyond our imaginary border. Thank you very much. (Applause)

PRESIDENT ZIMMERMAN: The other distinguished member of our profession represents the British Dental Association — Mr. Terence Ward, Commander of the Order of the British Empire, who has made a great contribution in dental education. I present to you Mr. Ward, who will bring greetings from the British Dental Association. (Applause)

MR. TERENCE WARD: Mr. President, Ladies and Gentlemen: I bring you the greetings of the British Dental Association. My qualifications for representing my association are that I have an Irish mother, a Scottish father, and I was born in Devonshire.

The annual meeting of the British Dental Association starts in London today, and how glad I am that I am not there! We have nothing like chuck-wagon breakfasts, and for a member of the British Dental Association to fill in public is a felon offence.

I do congratulate you on the quality of your scientific and social program, and for myself, I am grateful for the warmth and sincerity of my welcome from you all. Thank you. (Applause)

PRESIDENT ZIMMERMAN: I wish to thank Dr. Hillenbrand and Mr. Ward for being with us at this meeting. We greatly appreciate your messages and wish to convey through you our sincerest thanks to your respective Associations.

PRESIDENT'S ADDRESS

PRESIDENT ZIMMERMAN: It is an exceptional privilege to welcome you all on behalf of the Canadian Dental Association to this national meeting. It is the first time that it has been held in Edmonton, and I can assure you that the Edmontonians have perfected an excellent convention organization that will result in a well balanced scientific and social program. On your behalf, I wish to thank Dr. Ross Stuart, the Convention Chairman, and all of his committee who have contributed of their time and energy to make this convention a successful one. (Applause) We hope that you will have a most profitable and enjoyable time. Will you stand, Dr. Ross Stuart, and take a bow? (Applause)

As you know, your representatives to the Board of Governors met here last week for four days. Probably the single most important item of business was the first volume of the Report of the Royal Commission on Health Services. This 900-page document was received only a day or two before the meeting. Some of its contents were reported to the Board, but time did not permit a thorough study. A statement was released to the news media to indicate that the association would study the Hall Commission Report very carefully before offering public comment. For the association, a special study committee is being appointed to direct the careful analysis this report merits.

ANNUAL ASSOCIATION MEETING

Tomorrow you will hear two speakers who are familiar with the report. I urge all of you to attend that session tomorrow afternoon.

You will hear more later about the retirement of our beloved Secretary, Don W. Gullett. To replace him at the end of this year, a most worthy successor has been appointed. You have read his biography in the Journal. You have heard him on scientific programs at conventions. Some of you have been taught by him at the University of Toronto. You remember him as the youngest President of the Canadian Dental Association not long ago. You will hear of him much more as he starts a new page in his book of service to his profession. It is a sincere pleasure and privilege to introduce Dr. William G. McIntosh. Would you stand, please, Bill? (Applause)

During the meeting last week, the Board members, the committee chairmen, and other interested dentists worked day and night to consider many problems confronting dentistry. Auxiliary services, dental service plans, dental education, hospital services, legislation and public health are only some of the subjects which were discussed.

One of the policy statements adopted concerns dental service plans for our fellow citizens. As we told the Royal Commission on Health Services in our brief, there are too few dentists and too much dental disease to permit us to recommend a comprehensive dental care plan for all the people at this time. Before a complete nation-wide dental plan could be introduced, we believe emphasis must be placed upon research, upon prevention, and upon increasing the number of dentists and auxiliaries. We favour the establishment of dental service plans for some groups but believe certain conditions must be met before they can be successful.

This leads me to a prayer I should like to quote:

"Blessed be thou, O Lord, for bringing forth our rejoicing in the children of our land."

All of us rejoice in our children, for their physical, moral and intellectual development. In their physical development we guide children through their early years of health and happiness by many preventive measures. It was my experience to examine one school of children several years ago. I saw the most pathetic and sad condition of their teeth. So many twelve-year-old children required six to eight extractions that I can assure you there was no rejoicing in my heart.

And the most pitiable part of this story is that these deplorable dental conditions are not necessary. They are largely preventable — by good personal habits, by dental treatment, and by the greatest single contribution of dentistry to public health: fluoridation. Almost four million Canadians now live in communities with fluoridated water. But let us not decrease our campaign for this great health measure. Remember, there are fifteen million Canadians who do not have the benefits of fluoridation. It is my fervent hope that the citizens of this proud City of Edmonton will vote overwhelmingly for fluoridation in the coming plebescite.

The Journal of the Canadian Dental Association is the most important means of communication within the profession in Canada and its stature abroad continues to increase. The Board of Governors approved expenditures

to improve still further the value of the Journal to its readers. With approval of the Board, the Journal soon will unseparate its French and English sections and will become an integrated bilingual journal.

To the Board the Executive Council reported 67 different items of business it had dealt with during the year. The Council on Ethics recommended revisions to our Code of Ethics. A report from our new committee on commercial insurance studies was reviewed. As you know, the C.D.A. is sponsoring a new group life insurance program for its members.

Representatives of the association reported on their activities in connection with the International Dental Federation, with national science fairs, and with the National Cancer Institute of Canada. In this area lies one of the potentially most dramatic accomplishments of dentistry — the early detection of oral cancer. The association recently sent all its members literature and I am sure you will be hearing more about the cytological smear technique and I urge you to study it carefully.

Yet another milestone in Canadian dentistry was reported. The Canadian Fund for Dental Education was firmly established. Its first annual report shows that the dental profession and the dental industry contributed over \$25,000 last year to advance dental education in this country. Soon the Fund hopes to announce the granting of its first fellowship to assist in training a young dentist to become a teacher in one of our dental schools.

I cannot mention here all the important matters considered by the Board of Governors. But let me say this: these men — most of whom are at the head table and listed in your luncheon program — are selected by their provincial organizations to serve you, the members. They come to this annual meeting to take a national view of the issues confronting our profession. Their aim is that the Canadian Dental Association may better serve its members and, through you, the dental health needs of the public.

For me it has been a wonderful experience to work with these men and all of you. I appreciate the privilege granted me to serve as your President. My visits across the great breadth of this country, meeting so many of our members, assure me that the affairs of our association and the dental health of our people are in capable hands.

It has been a great honour for me, and I thank you. (Applause)

HONORARY MEMBERSHIP

PRESIDENT ZIMMERMAN: During the 63-year history of this association, only 24 men have been admitted to Honorary Membership. This is the "Hall of Fame" of dentistry. These are men who have dedicated their lives to their profession and to their fellow men. Today, we are honoured to recognize two exceptional candidates for our "Hall of Fame".

First, I wish to call on Dean Hector MacLean.

DEAN H. R. MACLEAN: Mr. President, Ladies and Gentlemen: It is a great privilege for me to present Dr. William Scott Hamilton. Scott

ANNUAL ASSOCIATION MEETING

was born at Barrie, Ontario, where he took his high school, and then moved west.

He enlisted during the first war in the Artillery, where he was decorated, and later transferred to the Air Force.

Returning to Alberta, he registered for dentistry and was in attendance at the University of Alberta 1919-21. At that time, only two years could be taken in the west, and I am sure it was for this reason only that he finally graduated from the University of Toronto in that famous class of 2T3. He returned west and commenced practice in Edmonton and was on the teaching staff of the University of Alberta, teaching surgery and operative dentistry.

In 1942 he was made director of the school and later the first dean when the school was given faculty status. Dr. Hamilton retired from the university in 1958 but he is still very active in practice as an oral surgeon.

He was the first chairman of the Council on Dental Education of the Canadian Dental Association. He is a Fellow of the American College of Dentists, a Fellow of the International College, and a Fellow in Dental Surgery of the Royal College of Surgeons of England.

He is an active worker in Robertson United Church, the Rotary Club and the Burns Club.

He has some twenty papers and presentations to his credit that have been published or given at conventions.

His hobbies are gardening and hunting.

As a practitioner, as an educator, and as a citizen, he has made outstanding contributions to his country.

Mr. President, it is a distinct honour and a privilege for me to present Dr. William Scott Hamilton for Honorary Membership in the Canadian Dental Association. (Applause)

DR. W. SCOTT HAMILTON: Mr. President, Honoured Guests, Ladies and Gentlemen: The honour for which I sincerely thank you has the effect of making one very humble. I sincerely thank Dr. MacLean, our Dean, for his kind remarks.

My reaction you may find a bit unusual, for since I was informed a few days ago about what was to take place today, there came upon my mind the memory of a book which I read a few years ago. It was written by the British Ambassador to Germany during the Nazi regime, under Hitler. In spite of every effort he could not persuade the Reich of the catastrophe into which they were leading the world. To the book he gave the title "Failure of a Mission".

I had not thought particularly of this book from that time until the other day, which would seem to indicate that tucked away in some corner of my subconscious mind is a feeling of guilt of having failed to prevent some of the bad things which are happening to our profession today.

My generation has failed to convince the politicians that a plebiscite on fluoridation is neither necessary nor desirable, since only trained scientists are capable of making such a decision.

We have failed to convince our legislators that untrained persons with little education are not qualified to treat patients and that ethical and moral behaviour is of the utmost importance. Perhaps they feel that this is no longer necessary since the introduction of Christine Keeler into politics, and the advent of the topless garment for our women.

These lines which were written by the greatest man who ever lived seem very appropriate right here. My weakness for this man is so well known among my local colleagues that I dare not mention his name. His mother was Agnes Brown, the vivacious red-haired daughter of a Carrick farmer, and his father was William Burns of Alloway, Scotland.

"Here's freedom to him that wad read,
Here's freedom to him that wad write!
There's nane ever fear'd that the truth should be heard,
But they whom the truth wad indite."

(From "Here's a Health to Them that's Awa" — Robert Burns.)

Now, Mr. President, if you still feel I have been properly placed here today the greatest credit then must go to the members of my former Faculty, to the fine body of persons, the student body, to an enduring wife and understanding children. (Applause)

PRESIDENT ZIMMERMAN: Next I call upon a man who is an Honorary Member himself — Dr. Harvey Reid, of Toronto.

DR. HARVEY W. REID: Mr. Chairman, Distinguished Guests, Ladies and Gentlemen: I am indeed fortunate to have the honour of making this presentation to a close friend and confrere of many years' standing. I thank you, Sir, for this privilege.

To few men comes the opportunity of developing more than one career in a lifetime; Dr. Gullett has had two. He fashioned a very successful career in Picton as a practising dentist, as a representative of his confreres on professional organizations, as president of his service club, master of his lodge, and as a respected member of his community. All this he gave up in 1940 to become Registrar-Secretary of the Royal College of Dental Surgeons of Ontario. His ability was recognized almost immediately and in 1942 he became Secretary of the Canadian Dental Association also. He continued in this dual capacity until 1956 when he became full time Secretary.

Don's accomplishments since that time are known to you all. He has been in demand as a lecturer, as a member of commissions and committees, as an adviser in practically every country where English is spoken. He has been honoured with university degrees in Europe, Canada and the United States. He has honours from associations and dental bodies all over the world. I shall not read the list; time does not permit.

Much of Dr. Gullett's career has been devoted to fashioning a strong national organization for Canadian dentistry. To his role as Secretary he brought a combination of intuitive statesmanship and tenacity of purpose accorded to very, very few.

Dr. Gullett's career embraces an era of vast social change but he has been able to see, well in advance, the trend of events. Only a leader so

ANNUAL ASSOCIATION MEETING

respected and admired could have guided the profession through these turbulent years. That he has done this so successfully is due to his personal impact, the confidence and trust that he inspired in men everywhere and the influence he exerted in high places.

A man of considerable executive ability, Don has a talent for enlisting the collaboration of those about him. This quality is enhanced by a unique capacity for making personal friends, an ability reinforced by his devotion to others and the loyalty which he inspires in return.

One of the attributes which has contributed to Don's success is an exceptional memory. His memory is truly outstanding. But this is not simply a fortuitous natural gift. He has perfected it by diligent hard work. Many of you will know of the famous black book that he carries in his left hand coat pocket. Into this book go the essentials of any meeting or conversation before he retires on that given night.

As Secretary of the Canadian Dental Association, Dr. Gullett has demonstrated an incredible capacity for sheer hard work and a unique ability to interpret the feelings of a large organization, its component organizations and its individual members. No personal ambition ever intruded into the lofty aspirations that Don has held for his profession. He never thought that it was important to be popular; he did think it was very important to deal in truth with courage, so that the Canadian Dental Association could be a useful servant of the profession and of society. Innumerable are the ideas and proposals which have helped the profession that are attributed to committees which in fact originated with Dr. Gullett. (I have been chairman of more than one committee; I know whereof I speak.) Thus in great measure the association is what it is because of all that Don has done.

Through the years — and the early ones were tough — Don has had the loyal support of his wife, Alice, and his family. They have always encouraged and inspired him when the tasks seemed overwhelming. To Alice, Margaret, Jack and Don, Jr., we say a very appreciative "Thank you very much".

Now, Don, it is my pleasure to present to you a certificate of Honorary Membership in the association you helped to build. It is an expression of appreciation from the dentists of Canada and may you long be spared to enjoy it in health and happiness.

My sincere congratulations! (Applause — prolonged — the audience rising.)

PRESIDENT ZIMMERMAN: Ladies and Gentlemen: Before I give Dr. Gullett an opportunity to reply, I have a very pleasant duty to perform.

As I have travelled with Dr. Gullett from the Atlantic to the Pacific visiting dental societies, I have learned that it is difficult to make an evaluation of Don because he is a man of so many fine facets. He is a man of great modesty, of deep interest and concern for his fellow man, a man ready and willing to do things far beyond the call of duty. The deep affection in the hearts of our people indicates the appreciation they have for our worthy Secretary.

Dr. Gullett guided our profession through many evolutionary changes. He provided us with stability and progress, keeping foremost in his mind that the dental profession is dedicated to the health of the people.

On behalf of the 6100 Canadian dentists, it is my great personal privilege and pleasure to present to you, Dr. Gullett, a portrait of a great humanitarian. (Applause) (Portrait of Dr. Gullett unveiled.)

DR. GULLETT: Mr. President, Ladies and Gentlemen: Any words that I might utter would be very frail in trying to convey to you my appreciation of the great generosity which has been shown on my behalf.

There may be somewhat of an analogy between my position as I stand here and an incident which was related to me several years ago by the late Dr. Rooney.

It seems that there was an exceedingly long funeral procession going slowly along Jasper Avenue. The sidewalks were crowded. A stranger in town approached a native, stating that it must be the funeral of a very, very important man — "Who is it?"

The native replied, "I don't know, but I think it must be the man underneath the flowers".

First, I should like to thank my friend of long standing, Harvey Reid, for his kind remarks made in the citation, undeserving as they may be. It is a fine thing to have a friend at a time like this who knows all your faults stand up and say such nice words.

Mr. President, through you I thank the association for the action which they have taken in bestowing upon me Honorary Membership. That, as you will realize, means a tremendous lot to me, and I think of it as being the greatest accolade possible. Thanks, every one of you.

Initially, a portrait was a great surprise to me because I never even dreamed that anyone would desire to put my features on canvas. However, having been ordered to sit for a good part of a week on a stool, and very still, in an artist's studio, it is not quite as much of a surprise to me today as it was. Taking into consideration that the artist didn't have much to work on in the first place, I leave the result to your judgment. To me, the good will and the thoughtfulness behind the creating of the portrait is really the most important part, and this having been done by men I consider great friends.

In truth, Mr. President, I think of myself as standing here simply as a representative of hundreds of Canadian dentists who have served on councils, committees and boards or held offices of some kind over the years. They toiled long and hard for the advancement of dentistry. My task only consisted of trying to implement, if possible, the decisions which were made, and the work I have done looks to me quite insignificant when compared to the sum total of all these men who have worked so hard over the last quarter of a century, with no thought of personal gain or recognition to themselves.

Not only for today but for all through the years, my good wife, Alice, and I, have been the recipients of hundreds of kind acts on the part of

ANNUAL ASSOCIATION MEETING

thoughtful dentists across this country, and how do we express our appreciation? It is too difficult; it is impossible to do, and all we can say is "Thank you, and thank you again". (Applause)

INSTALLATION OF PRESIDENT

PRESIDENT ZIMMERMAN: At this time I would like to introduce the Installing Officer, a Past President of the Canadian Dental Association, Dr. Ratté.

Coming in to this luncheon I was standing beside Dr. Ratté and I said to Dr. Ratté, "It will be a pleasure to sit beside you during this luncheon hour".

He said, "I don't know that you will be so pleased — I am going to kick you out".

DR. RATTE: Monsieur le president, Honoured Guests, Ladies and Gentlemen: My first duty won't be the kicking out — it will be the introducing of a new President.

I have the great honour to introduce our new President, Dr. Remy Langlois.

He was born in Quebec City, the 12th of October, during the present century. By a strange coincidence I was also born on the same date but later in the century. He has studied at the old Seminaire de Quebec and Universite Laval, where he obtained his B.A. degree in 1928, his D.D.S. from McGill University dental school in 1932. He entered immediately into practice with his father who was also a dentist and he has been in general practice since.

He married the nice Lucie. They have two sons, one studying dentistry and one in the college, and one daughter and one grandchild.

He has been President of la Societe de Stomatologie de Quebec and President des College des chirurgiens dentistes de la Province de Quebec (Provincial Board). He is also a Fellow of the International College of Dentists.

His relations with the medical profession as member of hospital medical societies or as chargé de cours a l'école de medecine de Laval have been very profitable to the profession at large. Being chief of two dental services in hospital he has contributed toward familiarizing medical students and nurses with the problems of the dental profession. In addition he has never refused to give clinics and lectures on scientific subjects and also on professional problems.

Having served our profession now at the national level for eight years he is ready to take the command.

Now that our association has reached her cruising altitude, Remy will have to face the administrative problems and also the social problems of our time.

At this moment, as I think all dentists in this country are for a united nation, I will say a few words in French. . . .

Remy, I cannot minimize the task before you, but with the enthusiasm you have shown toward national dental problems, with the help of all the governors and committee members, I am sure you will succeed. Your Quebec confreres are proud of you. We all wish you success. God help you.

(Applause)

PRESIDENT ELECT LANGLOIS: Mr. President, Honoured Guests, Members of the Board, Ladies and Gentlemen: My first words are in French. . . .

I am sorry that this has lengthened a bit the duration but I thought I had to speak in French.

I wish to thank you, Dr. Ratté, for your sincere and gracious introduction. In doing so you have greatly honoured me and also cemented forever an old friendship.

Before this famous gathering I wish to pay special tribute to the one who up to now has shared my life as assistant and who has encouraged me in all my undertakings, even if that meant her being left alone more than once. She has been the key to my success, and I am proud to present to you my wife, Lucie. (Applause)

And the second love of my life, my daughter. (Applause)

I fully recognize the responsibility which will be mine in assuming such a high office, the responsibility to the Association, to the profession, and also toward the public. These responsibilities will be shared, I am sure. I know I will have the entire support of my executive officers and of all the members of the Board of Governors. For a period of about five months I will get the collaboration of two marvellous secretaries, Dr. Gullett and Dr. McIntosh, and also that of our highly-rated staff at 234 St. George.

I have a responsibility toward my provincial board because for eight years now they have delegated me as their governor to the C.D.A. They also elected me their President from 1960-62. Today I am asking them for their entire support and I know I can count on it.

Actually, we have gathered here representatives from all parts of Canada. We realize that the C.D.A. has established a certain unity within our profession, and it is the recognized voice of dentistry in dealing with the federal authorities or other associations.

Thanks to Dr. Gullett's foresight and energy our association has become a tower of strength. Unfortunately, Dr. Gullett is leaving us this year, but his work will not remain unachieved as it falls into the hands of another very capable man, Dr. William McIntosh, who will in his natural and diplomatic manner give our association its proper standing.

We must also thank the past president and the council and committee members for having spent so much of their time and energy and talents in expanding their association to its present stature.

ANNUAL ASSOCIATION MEETING

New problems will be brought forward in the very near future. We are facing these now in the publication of the report of the Royal Commission on Health Services. I have no comment whatsoever at the present time, but we will have to face these problems and find a solution which will be of vital importance to our profession. To do so we have the support and collaboration of all the individual members, and after due deliberation a final decision will have to be considered. In doing so I must tell you that such an agreement will be reached for the good of the whole of the profession and the public.

I wish every member of our profession would have a chance to consider the inscription under the coat-of-arms of my province, "Je me souviens" — I remember. I have read that the way the profession has done for me and I have made it my philosophy for numerous years. Every member of our profession should always remember that the stature that dentistry enjoys as a profession has been attained in large measure through the efforts of the members of our association, and they owe a debt to their profession and must in turn give it a constant and objective report, putting aside such issues as culture and language, in order to reach a perfect unity within the association.

I wish to pay a personal tribute to Past President Zimmerman who, although handicapped by illness, has worked untiringly for our association and has had a most successful year as President.

I most heartily want to thank you for the honour you have bestowed upon me in placing upon me this heavy and important assignment. I am accepting this honour on behalf of my confreres of Quebec whom it has been my privilege to serve during many years. Thank you. (Applause)

PAST PRESIDENT

DR. RATTE: Thank you, Dr. Langlois, for your very inspiring speech. We feel secure under your able guidance.

Dr. Zimmerman, now that your flying time is over, now that you have accomplished a courageous envolée, it is my privilege on behalf of the members, of all the members of the dental profession of Canada, to thank you sincerely for your wonderful contribution to the C.D.A. activities for a good many years, and especially by your last year of contribution. Under your able guidance our association has made another mile of progress.

A man like you, since he landed in this country, who has devoted himself unselfishly to many social and dental organizations, and who has done so much for his family, has been an example to his social fellow citizens and others.

A man who is quoted in the minutes of the present C.D.A. meeting by his co-workers as having, I quote, "a highly developed sense of responsibility, a compelling desire for progress and improvement, a modest yet courageous approach to problems, erudition combined with humility, an unquenchable determination to do his best for the C.D.A." — end of quote. A man like you, Jim Zimmerman, a Canadian like you, should receive at

this moment a certificate of honorary citizen of this country, if it were existing. Our hearts and thoughts are saying to you, Jim Zimmerman, you are a great Canadian citizen and you are a great dentist.

May I ask now the Secretary to pin on you the medal of Past President.

Now, that you are returning to your gladiolus, on behalf of your Canadian confreres, I am pleased to offer you as a souvenir a silver plate, full of gratitude and happy days. (Applause)

To Madame Zimmerman who has seconded you so courageously in days of sun and rain goes this expression of our gratitude with roses, of course. (Bouquet of red roses presented to Mrs. Zimmerman) (Applause)

And to the wives of the new Honorary Members, we present to you a tribute of roses — Mrs. Hamilton and Mrs. Gullett.

(Bouquets of red roses presented to Mrs. Hamilton and Mrs. Gullett.)
(Applause)

PRESIDENT ZIMMERMAN: Thank you very much, Dr. Ratté, for the wonderful words you have said about me, which I do not deserve.

Last year you honoured me with your presence here at the C.D.A. You placed in my hands the cathedral of dentistry with the foundation well and truly laid by past presidents and hundreds of men working on councils and committees. The superstructure is a grand one and if during the last year I was able to add some bricks to this structure it was only through the efforts of some two hundred men working through councils and committees. To them, my sincerest thanks on your behalf. I feel that you provided me with a great opportunity of meeting men of the highest calibre and I feel that it was a most rewarding experience.

During the year and for many years that have gone by, as I view the Alberta scene and the Canadian scene, Nell, my wife, has been most considerate and cooperative in every way possible, and many a time and many an evening she had to seek recreation without me. Luckily, we have one daughter at home and they have been company for one another. I wish to thank her for making it possible for me to do the work I felt it my responsibility and duty to do on behalf of Canadian dentistry. (Applause)

I wish to thank you most heartily for this wonderful memento that we are going to keep and cherish in the years to come. It represents, as I have said before, not only a token of what it is, but mainly brings memories of the men you have associated with, the men you have worked with and the number of friends you made throughout the years, and from the bottom of my heart I wish to thank you for everything.

Ladies and Gentlemen, is there any business to come before this meeting? If not, the meeting is now adjourned.

7 DAYS

THIS BOOK MAY BE KEPT FOR
7 DAYS ONLY
IT CANNOT BE RENEWED

LK.10.3.65

RK
1
C36
1964

Canadian Dental Association
Transactions of the
annual meeting

Dent.

960070

Transactions. 1964

NAME OF BORROWER

ankod: Staff

SEP 24 1965 DEC 21 1965

SEP 16 1966

Surgeon. (staff)

960070

